THE SELF-CONCEPT AND SEX-ROLE ORIENTATION OF ADULT FEMALE INCEST VICTIMS IN THERAPY

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THE SELF-CONCEPT AND SEX-ROLE ORIENTATION OF
ADULT FEMALE INCEST VICTIMS IN THERAPY

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The purpose of this study was to provide information on the long-term effects of father or stepfather daughter incest on adult functioning. This research focused on the self-concept and the sex-role orientation of the victim, and the resultant impairment produced by the molestation variables associated with the molest.

Thirty-four control non-incest subjects were compared with 30 experimental incest subjects in this nationwide study. Subjects completed the Tennessee Self Concept Scale (TSCS), the Bem Sex Role Inventory (BSRI), and the Demographic/Information Inventory (DII) developed by the researcher for this study.

By employing an F test, it was found the women in these two groups differed from one another significantly with regard to the self-concept using the TSCS. The women with incest history gave evidence of a poor

self-concept as displayed by diminished scores on the Total Positive score and all subscale scores.

A chi-square analysis indicated there were no significant differences found between the groups with regard to sex-role orientation employing the BSRI. Hence, incest did not effect sex-role orientation as had been expected.

Responses on the DII indicated the incest group had significantly more negative memories of childhood than the non-incest group. The two groups also differed significantly in the number and severity of current problems they were experiencing.

A major finding of this study was the identification of the "number of molesters" variable which has heretofore been ignored. This variable is associated with the age of onset, frequency and duration of the incest, the activities performed, and the amount of force used. Knowledge of the number of molesters aids the caregiver in assessment and treatment planning.

A related major finding of this study was that not all victims of father-daughter incest share a common experience. Three subgroups of victims were categorized based on single, dual, or multiple molestor involvement. All factors escalated with additional molest. Each subgroup had a unique clinical syndrome. They differed regarding the self-concept, family profile, molestation experience, and current functioning.

Implications for caregivers offering services to adult women incest victims are discussed.

CHAPTER ONE
INTRODUCTION

> Then he said, "You know, Carly, tonight could be real special for us." And he pushed me back down and the pillow came up over my face a little and I couldn't see very well. He said, "You're twelve now. It's time for you to become a real woman."
>
> At first I thought my father could make me start to menstruate like some of the other girls in my class.
>
> Then he was on top of me, like lots of times before, only this time he was trying to push his penis into me and I forgot to say no because I was screaming and he put the pillow over my head and let it off again just before I was going to faint.
>
> Then it was all messy on my legs and there was an awful burning place between them and I knew for sure I had to die.
>
> His whole face was smiling now. "God, that was good, baby. Fantastic."
>
> And I said, "No," really loud. And then I started to scream again and he slapped me hard. "Stop that!" He put his hand over my mouth. "You aren't that hurt."
>
> When he took his hand off, I said, "I have to die."
>
> He just shook his head like he didn't understand, and then he laughed a little. "You're crazy."
>
> "I have to die, Daddy. Please."
>
> He looked right at me and then he pulled my pajama bottoms up again right over the sticky mess on me. (Morris, p. 96)

These words from Michelle Morris' (Morris, 1982, p. 96) highly acclaimed novel, If I Should Die Before I Wake, capture some of the anguish experienced by incest victims. The author depicts a clear picture of the emotion, pain, self-hate, and sense of helplessness associated with victimization. The story presents the tremendous impact of incest on the personal and interpersonal development of a young girl and how the experience influences her feelings about herself and others. The novel is the story of Carla, one of the millions who are, have been, or will be developmentally disabled by the crime of incest.

The recognition of incest as a widespread and serious problem is of recent origin. Formerly, disclosure of incest to professionals such as psychiatrists, counselors, law enforcement personnel, or school officials was met with disgust and disbelief. Influenced by Freud, who relegated incest from the realm of fact to the arena of fantasy of the victim, the professional community colluded in the conspiracy of silence surrounding the abuse. Strong denial of the existence of incest, whether motivated by the horror of it or discomfort with it, resulted in inhibiting victims from disclosing the crime. Professionals were part of the problem, not the solution, and proceeded to blame the victim.

A somewhat more compassionate climate exists today which allows adult women to risk disclosure of the dreaded secret in search of help, relief, and sometimes retribution. Various factors have blended to create this more supportive environment.

Prior to 1970, child abuse was thought to be a relatively rare occurrence; however, as the professional community began to recognize the problem and report it, what appeared a rare occurrence was indeed more common than expected. As the physical abuse of children became a target of study, child sexual abuse emerged as another area of concern. The same rules of reporting were demanded, and enough statistics on both forms of abuse became available which substantiated child sexual abuse as an important area of inquiry. No longer was the occurrence discounted as Freudian fantasy or minimized as a rare and bizarre incident.

Another factor in the climate change was the women's movement of the early 1970s. With it came the opportunity to look again at important

aspects of the lives of women and children. Social scientists began to consider more closely the role of women in society. Traditional sex roles were questioned from the perspective of preparing women for lives of victimizations. It also became clear that the characteristics considered "feminine" were not valued in this culture. Indeed such feminine characteristics as passivity, submission, emotionalism, and others were judged by mental health professional as unhealthy (Broverman, Broverman, Clarkson, Rosenkrantz, & Vogel, 1970). As economic inequality, rape, and spouse abuse were all dragged out of the shadows, child sexual abuse emerged as yet another major form of victimization.

More recently the popular media has influenced reporting rates especially of adult women who had been molested as children. Personal testimonies of victims (Armstrong, 1978; Brady, 1979; Butler, 1978) are shattering society's silence surrounding the secret. The effect has been to encourage others to come forth.

In addition, the professional literature on incest has grown rapidly over the past few years. This has resulted in professional caregivers becoming more aware of the problem. However, the increased interest and heightened awareness of the problem has not resulted in adequate intervention methods or treatment programs. Further, the knowledge and skills necessary to work with this victim population have not beem developed to meet the increasing need for therapists professionally trained in this area of victimization (Sgori, 1982). We are still in a stage of infancy regarding theory, training, practice, and research.

Even though there is awareness of the seriousness of child sexual abuse, the true incidence in unknown in this country. This vague statistical picture is attributed to various problems in reporting. The still powerful mechanism of the social taboo has deterred most victims from reporting the abuse. The guilt, shame, and self-recriminations experienced by victims have insured silence. Fearing blame, stigma, and retribution, most victims have carried the dreadful secret into adulthood.

Part of the vague statistical picture can be attributed to the confusion and lack of knowledge among professional regarding the crime. This is beginning to change now as the awareness of the professional community regarding the exact nature of the offense, etiological factors, and restorative methods of treatment of sequelae are explored. However, the overall result of this professional neglect has been that the area of child sexual abuse has not been the subject of inquiry until recently. Because of this there is a paucity of empirical research which would provide information helpful in assessment and treatment of victims.

Another reporting problem exists as a result of our legal system. Presently there is much variance regarding child abuse laws from state to state which reduces conformity in recognizing and reporting the crime (Vander Mey & Neff, 1982). Some state registries do not separate child sexual abuse from the broader category of child abuse. Occasionally, cases referred to police do not get included in the child sex abuse statistics. Neither federal nor state agencies have the consistent mechanisms which would allow for uniformity in reporting, thereby accumulating more representative and reliable statistics.

Though there is disagreement regarding the legal definition of incest, most researchers are beginning to include in the definition of incest similar activities such as all forms of sexual contact, sexual exploitation (pornography, child prostitution, etc.), and sexual overtures initiated by an adult who is related to the child by family ties or through surrogate family ties.

Attempts to provide a concise definition of incest are still being made. Frustrated with the inconsistencies in the law, Butler (1980) has formulated the following definition which was used in this study:

> Incestuous assault is any manual, oral or genital sexual contact or other explicitly sexual behavior that an adult family member imposes on a child by exploiting the child's vulnerability and powerlessness. The vulnerability of the child stems from specific lack of information about the unacceptability of the behavior because of her early psychological and psychosexual development. (p. 48)

It must be recognized that incest includes a wide variety of experiences for the individual. However, even though individual incest incidents are different, some similarities are noted. Incest involves persons in close, primary, long-term relationships that will continue to influence the victim long after physical separation from the family has occurred. It often involves continued daily contact with the abuser since incest is generally a repetitous event. The abuse may begin as early as the pre-school years or not commence until adolescence. The behaviors progress along a continuum from the less intimate types of sexual activity such as exposure and voyeurism, to direct body contact which may, but necessarily, include intercourse. Physical force is rare but the psychological coercion is common. Often the victim feels that

the happiness of her mother and father rests on her shoulders. Indeed she feels the survival of the family depends on her cooperation and complicity.

Currently child sexual abuse and misuse are considered by experts to be of epidemic proportions (Herman, 1981; Rogers & Thomas, 1984). Even so, it is estimated that less than one-tenth of sexual abuse cases are reported (Kempe, 1978). Studies indicate that between 100,000 and 500,000 children will be molested in one year's time ("Hidden Epidemic," 1984; Rogers & Thomas, 1984).

Based on surveys, it is believed that about one in every five girls and one in 10 boys are molested (Finkelhor, 1979). Other estimates are that one in every three children is at risk of molestation at least once in her or his lifetime (Rogers & Thomas, 1984). Retrospective studies of adults escalate the estimates made by experts in the file based on reported cases. We are therefore looking at a major health hazard for out nation's children and a very serious social problem.

Of all sexual abuse cases, those involving father daughter/ stepfather daughter incest are considered to be the most traumatic and damaging (Herman, 1981; Meiselman, 1978). David Finkelhor, a major researcher in the field speculates that between two and five million American women have had a incestuous relationship ("Hidden Epidemic," 1984). Currently up to 4.5% of the adult female population may be experiencing the effects of incest (Briere, 1983; Russell, 1983).

Statement of the Problem

The full impact of incest on adult functioning is not known but it appears few escape the abuse without harm (Berliner & Stevens, 1982; Tsai & Wagner, 1978). The child who carries the incest secret into adulthood is likely to have personal, interpersonal, and social problems requiring intervention. She has been described as a "walking time bomb" (Peters, 1976).

Among those problems reported by adult women incest victims are low self-esteem, poor self-concept, identity confusion, substance abuse, self-destructive behaviors including suicide attempts, sexual maladjustment and dysfunction, confusion over sexual orientation, feelings of interpersonal isolation, mistrust of others (especially men), feelings of helplessness, inability to assume the wife-mother role, parenting problems, feelings of being damaged or dirty, and self-hate.

It is not surprising that a combination of the sense of betrayal experienced by the young incest victim combined with feelings of guilt and shame result in impaired close interpersonal relationships for most victims. When a pattern of inappropriate intimacy with a care-taking adult emerges, then a pattern of emotional deprivation continues which results in feelings of isolation and mistrust. The nurturance hunger of childhood persists and emotional pain and anguish continue in adulthood.

The hunger for acceptance, missed nurturance, and caring is intolerable for many. Some victims deaden this pain of loneliness through abuse of alcohol or drugs. Other engage only in superficial relationships which increase the feeling of loneliness and depression.

For still others, pairing with an abusive partner reminiscent of the offender becomes the option.

In those cases where the adult incest victim marries an abusive and domineering partner, the incest is often transmitted to the next generation. If the adult daughter is passive and masochistic, if she has impaired sexual response due to the incest she experienced as a child, and if she deprives her partner of sex, she may be acting as an "incest carrier" (Meiselman, 1978). If she is unable to protect herself from her dominant partner, and if she is unable to protect her children, often the result is replication of the sexual abuse. Here we see some of the dynamics involved in the intergenerational transmission of incest. The result is replication of the sexual abuse.

The resultant extreme neediness, because of unmet emotional needs in childhood, produces dependent adults who then seek gratification in pathological and destructive ways in a lifelong pattern of failing to satisfy their own needs often at the expense of their children. They reproduce themselves and impart these dysfunctional patterns of adaptation to their offspring (Sgroi, 1982).

In the home where incest occurs, role boundaries become blurred, and the parent looks to the child to fulfill unmet needs. Role reversal occurs. The child's role model does not prepare her for healthy adulthood. This role reversal occurs at a critical time in the psychosocial development of the individual and has unknown ramifications. The child learns to tolerate abuse from the behavior of the mother who models passivity and submissiveness to her father (Dietz & Craft, 1980).

Of the long-term effects of incest reported in the literature, those related to interpersonal intimate relationships and self-concept are emphasized. Both emerge as important problem areas for incest victims. Not only are there ramifications for the individual adult victim but for those in close relationship to her such as her husband and her children.

It has been reported that there is greater marital instability and/or rejection of marriage as a life-style as well as difficulty or disinterest in parenting (Herman & Hirschman, 1977; Meiselman, 1978). Marriage and motherhood are primary roles expected of women in this culture. The inhibitions and increased fear of tenderness caused by the incest experience result in withdrawal from traditional sex roles (Goodwin, McCarty, & DiVasto, 1982). Rejection of the traditional feminine sex role and absence of the traditional feminine characteristics associated with that sex role can have serious effects for the victim in terms of acceptance by others, life satisfaction, and pyschological adjustment.

The individual's concept of her sex role influences important ways in which she behaves, interacts with others, and how she perceives herself. The sex role represents the interaction of biological and cultural factors which are influenced by the socialization process. Important in the acquisition of sex-role orientation are childhood experiences which influence the identification process. Sexual abuse can be considered a critical life event which impacts on the development of the child. As the child progresses through various life stages, cognitive and ego development occurs. Developmental theorists tend to support

the idea that trauma at various life stages may block or inhibit normal development. For example, Erikson (1950) offers a theoretical framework of development which is segmented into eight life stages. At each stage, a developmental task must be mastered so that subsequent development may occur. Mastery of each progressive task is predicated on successful resolution of the previous one. Subsequent development is thus influenced.

Not only is sex-role orientation an important outcome of the growth process but development of a healthy self-concept is dependent upon sequential mastery of the developmental tasks. When these tasks are not mastered, subsequent handicaps and developmental deficits occur.

The incest victim's abnormal socialization in terms of the introduction of the trauma of incest may indeed affect her sex-role orientation and negatively impact on her self-concept eventually affecting her intimate relationships. Sex-role orientation, in essence then, is an important aspect of self-concept (Briere, 1983).

The importance of sex-role orientation and adult adjustment has been an area of inquiry for some time. Although there have been studies done on the effect of childhood trauma on personality development, no studies exist exploring the impact of incest on sex-role orientation. What remains to be done is to investigate the impact of incest on sex-role orientation.

In addition, previous studies have been done looking at the self-concept of incest victims, and all agree adult women incest victims have low self-esteem and a poor self-concept (Meiselman, 1978; Tsai,

Feldman-Summers, & Edgar, 1979). Basic to successful, healthy, interpersonal relationships are the feelings and perceptions one has about oneself as worthy of respect and affection. Sex-role orientation impacts on one's self-concept and self-esteem and is crucial in personality development.

A history of incest is commonly found among adults who come to the attention of the medical profession, psychiatrists, mental health workers, marriage counselors, law enforcement personnel, and the courts. The costs of this victimization are high both personally and socially. Several studies present the high incidence of incest in the background of prostitutes, runaways, and drug abusers. The need to train professionals to recognize, treat, and be comfortable with the subject is plain (Kempe & Kempe, 1978), not only to improve services to victims directly but also to facilitate the interruption of the cycle of abuse.

The incidence of incest in our society indicates a major social problem. The personal costs to victims are incalculable, resulting in the inhibition of personal potential, social isolation, impaired intimate relationships, high risk of revictimization, and an impoverished quality of life. The costs to society are also extensive, resulting in prostitution, drug and alcohol abuse, divorce, suicide, delinquency, and transmission of incest to future generations.

The negative effects of incest appear to be multiple and difficult to measure. Although long lasting, they need not be permanent. Appropriate intervention and treatment methods can prove helpful to counselors in assessment and treatment of adult women incest victims.

Need for the Study

There is little or conflicting information reported in the literature regarding the long-term effects of father daughter/stepfather daughter incest. Information available is based on studies scattered throughout the literature which have been based on small, biased samples. Generally speaking, authors have reported their subjective impressions of the psychologic or emotional functioning of the daughter in an incestuous relationship. The validity of dependent measures is questionable. Few attempts to use empirical criteria to measure the effects of father daughter incest have been made. The absence of adequate controls results in existing research which provides little affirmation that the problems assumed to be associated with incest are either directly or indirectly impacted by it.

Much of the information available on the long-term effects of incest has been gathered from retrospective reports of adult women molested as children. Although these reports are helpful, they are not data based and include no controls. The relative lack of empirical studies investigating the long-term effects of incest and the reliance on personal account of victims, leaves gaps in the kind of knowledge which would allow for more valid diagnosis and treatment of adult women incest victims. More definitive knowledge of the long-term effects of incest on adult psychologic functioning would be helpful in assessing the individual's current functioning, identifying the pathogenic effects of incest and attempting prognosis based on empirical data.

Considering the importance of sex-role orientation provides one framework for consideration of a primary component of the self-concept.

To date, there has been no concentrated effort to provide a quantitative, standardized, instrument-based body of information relative to the relationship between self-concept, sex-role orientation, and the incest experience.

Purpose of the Study

The purpose of this study was to investigate the possible impact of a personal history of father daughter/stepfather daughter incest on the self-concept and sex-role orientation of adult women. The study explored a variety of factors which may contribute to differences between women with incest histories and women without incest histories in relation to self-concept and sex-role orientation. The study also investigated the possible effects of different molestation variables on members of the incest group with regard to word choices depicting childhood experiences and current reported problems. There was nothing in the literature that suggested that the difference in the number of molestors additional to the father or stepfather was going to be a significant variable; however, the researcher having long experience in counseling victims of incest, had noticed a tendency in this direction. Hence, that variable was included.

The research questions asked were

1. Is there a significant difference between women in therapy with history of incest and women in therapy without incest history

with regard to demographic characteristics, word choices describing childhood, and current reported problems?

2. Is there a significant difference between women in therapy with history of incest and women in therapy without incest history with regard to self-concept as measured by the Total Positive Score and/or the eight subscale scores of the Tennessee Self Concept Scale (TSCS) and/or with regard to sex-role orientation as measured by the Bem Sex Role Inventory (BSRI)?
3. Is there a relationship between the Total Positive score and/or the eight subscale scores of the TSCS and the number of current reported problems of either the incest group or non-incest group?
4. Within the incest group, are there differences between the Total Positive Score and/or the eight subscale scores of the TSCS based on the molestation variables as reported on the Demographic Information Inventory (DII)?
5. Within the incest group, are there relationships between demographic characteristics, word choices describing childhood, and current reported problems and the molestation variables?

Significance of the Study

A study of this nature is significant in three ways. First, it increases our knowledge about the long-term effects of father daughter/stepfather daughter incest. The information allows us to more fully understand some of the effects of incest on daughters, and it provides us

with information helpful in diagnosis and treatment. Information of the possible effects of variables such as age of onset, duration, amount of coercion used, acts performed, and number of molestors is especially helpful to professionals working with adult women incest victims. The therapist will be able to anticipate and/or identify the psychological deficits and impairments related to the molestation variables. Left untreated, psychopathology may develop. Currently we have little data upon which to base therapeutic decisions. Now millions carry the secret with little recourse for recovery but to engage in traditional therapy. Therefore, clinicians in the field are basically dependent upon their own experience and judgments rather than established guidelines. A framework for clarification of treatment issues related to self-concept and sex-role orientation greatly enhances the therapeutic intervention.

The study also provides information which can be helpful in assessing and treating young children who are experiencing incest. Until longitudinal studies are done following children who are reported to be in an incestuous relationship with the father or stepfather, we will not have information helpful in understanding the long-term effects of incest. Through increased information on environmental factors and developmental deficits caused by incest at various life stages, counselors may anticipate problems and create treatment plans based on validated issues of concern. Therefore, information gleaned from adult women who have experienced incest with their fathers or stepfathers may be helpful in understanding the effects of incest and provide direction for therapy with young victims.

Lastly, it is hoped this study will aid in providing direction for further research on the long-term effects of father daughter/stepfather daughter incest.

Definition of Terms

Incest is contact or interaction between a female child and an adult male who is a father figure and who stands in a position of authority, nurturance or emotional support over the child and in which the child is used for the sexual stimulation or gratification of that adult or another person. The behaviors involved include overt or covert sexual activities which may occur along a continuum involving degrees of inappropriateness from exhibitionism to intimate bodily contact.

Sex-role orientation describes a cognitive perception of the self that is gender-based which results from a process that organizes the individual's self-assessment as masculine or feminine in such a way that meaning is processed and evaluated situationally according to a gender schema. It is one aspect of self-concept strongly determined by the culture, socialization process, and individual experience.

Self-concept is a personality construct based on one's perceptions of oneself which are rooted in past experience and interaction with others.

Organization of the Study

Chapter Two includes a review of the related literature on (a) the short-term and long-term effects of incest as related to adult

psychological functioning, (b) family dynamics, and (c) development of sex-role orientation and self-concept. Chapter Three describes the research design used in this study as well as a description of the population and sample, the hypotheses, procedures, analysis of the data, and the limitations of the study. Chapter Four presents the results of the study. The discussion, implications, and recommendations are included in Chapter Five.

CHAPTER TWO
REVIEW OF THE LITERATURE

In the past few years there has been an explosion of information and interest in child sexual abuse. Many books and innumerable articles in both professional and popular journals have been published. Television features regularly deal with the recently taboo subject, and highly publicized accounts of organized rings of child pornography and child sexual abuse in day care centers fuel the fires of indignation and shock. The message that is being received is that the sexual abuse of children is much more common and much more devastating to the individual, the family, and society in general than had been acknowledged.

The review of the literature focuses on father daughter/stepfather daughter incest as a particular type of child sexual abuse considered most traumatic for the victim by many researchers (Chandler, 1982; Herman & Hirschman, 1977; Meiselman, 1978). The psychological effects of incest will be perused. In addition, the literature on the incest family is reviewed as pertinent to the area of development of self-concept and sex-role orientation.

Short-Term Psychological Effects

Over the years, there has been some disagreement as to whether incest causes harm to the victim. Early studies stressed the seductive and pleasing personalities of the children involved and noted an absence

of guilt (Bender & Blau, 1937). A follow-up study by Bender & Grudgett (1952) led the authors to conclude there was no evidence of apparent psychological damage in three of four subjects studied, and that overt sexual behavior in childhood does not necessarily forecast problems specifically rooted in such experience in adulthood.

A later investigation also reports that there were no excessively unsettling effects on personality development or adjustment on the children studied (Yoruroglu & Kemph, 1966). More recently, a study of families seen in an out-patient clinic revealed that father daughter/stepfather daughter incest occurred in four percent of an unselected sample (Lukianowicz, 1972). The 26 cases were evaluated and the researcher concluded that psychiatric sequelae do not necessarily result from incest; however, character disorders were common.

Opinions have changed. Now most investigators insist father daughter incest is not harmless and indeed produces an array of damage. Because there appears to be no reaction to the incest at the time of disclosure does not mean no harm occurred. Some children exhibit distress at the time the incest is going on while others may show no ill effects until later in adolescence or in adulthood. Most victims, however, have at least a transient situational reaction (Berliner & Stevens, 1982).

Often the molest is repressed only to surface later and cause problems in adulthood. Peters (1976) reported a case of a 90-year old woman in treatment who suffered from several disabling fears which stemmed from early undisclosed and repressed incest. Armstrong (1978)

described the effects of repressed incest as a series of land mines which may go off unexpectedly at any time.

Short-term effects of incest on children were generally emotional in character. Feelings of being used, rejected, trapped, confused, humiliated, fearful, disgraced, and betrayed were common reactions (Forward & Buck, 1978; James, 1977; Justice & Justice, 1979). Mood changes, sleep disturbance, phobias, school problems, variations in behavior from withdrawal to hyperactivity, changes in interpersonal relations, and physical stress were also seen (Burgess & Holmstrom, 1975; Peters, 1976; Sgroi, 1982). Most young victims reported shock, fear, and confusion upon being sexually molested (Finkelhor, 1979; Gagnon, 1965; Landis, 1956).

An early study reviewed the effects of incest on five victims, three cases of which were father daughter incest (Sloane & Karpinski, 1942). Based on their findings, the authors concluded that serious disturbance resulted from incest. Feelings of guilt were experienced by all the victims. After termination of the incest, most of the young women attempted to relieve the guilt and anxiety by engaging in sexual relationships with other men which the authors termed "compulsive promiscuity." They saw this as a form of substitute gratification which further increased feelings of guilt and anxiety. The authors concluded that incest occurring during adolescence leads to especially negative effects on the victim.

Another study of 11 victims in a Boston clinic found depression and guilt experienced by all (Kaufman, Peck, & Tagiuri, 1954). The victims

also manifested anxiety, confusion over sexual identity, and fear of their own sexuality.

The Child Protection Agency in New York became one of the first organizations which gathered information through direct contact with large numbers of children (DeFrancis, 1969). In a review of 268 cases of child sexual abuse, 66% of the victims showed signs of emotional disturbance and distress as a result of the abuse. The symptoms included anxiety, hostile or aggressive behavior, feelings of guilt or shame, low self-esteem, and school problems. More severe problems were noted in those children who were molested by a family member. Severe disturbance was noted in 14% of the victims.

Evidence of disturbed personality development was reported in a survey of 76 victims of father daughter/stepfather daughter incest (Maisch, 1976). Seventy percent of the daughters were adversely affected to varying degrees but the author was reluctant to isolate the incest as the cause of the problems noted.

Browning and Boatman (1977) studied 14 children who had experienced incest and found the after effects included anxiety and fear, acting out behaviors, depression, anger, and ambivalence toward both parents in addition to many somatic symptoms. These findings were consistent with earlier studies.

MacVicar (1972), a physician, reported on her experiences treating several children who were sexually assaulted, 16 of whom were incest victims. Ten of the girls fell into the latency period category. The patients in this age group were marked by many signs of excitement and

anxiety. Manifestation of problems was noted such as learning disorders in four of the girls, behavior problems in three, phobias in three, compulsive masturbation in two, and enuresis in two. In therapy sessions the girls had difficulty with control of both sexual and aggressive impulses, and much provocative behavior toward the male therapist was noted. Impulse breakthrough and temper tantrums were common.

In the adolescent group of six victims treated by MacVicar, all were more depressed than the patients in the latency group, and three experienced uncontrollable hostility. The patients were described as showing symptoms of borderline character pathology. The girls acted out sexual conflicts by engaging in promiscuous behavior with partners who resembled the abuser and then ended the relationship when anxiety and guilt built up. Disturbances in object relations were apparent which the author attributes to identification with the abuser.

In a university based child guidance clinic, a study of 28 sexually abused children aged 2.5 to 15.5, evidenced various effects (Adams-Tucker, 1982). those molested by fathers or father surrogates showed the most serious sequelae. Depression and/or withdrawal were evident, and half of the children abused by fathers needed in-patient care.

The children complained of various problems which were segmented into clusters arranged in descending order of severity: self-destructive behaviors including suicide attempts; withdrawal and/or hallucinations; aggression; running away from home; sex-related complaints; school problems; oppositional problems with parents, siblings, and peers;

anxiety; psychosomatic problems. Augmented disturbance was determined according to the following factors arranged in decreasing order of importance: being female; unsupported by a close adult; abused by father; abused by more than one relative; genital molestation; suicidal gesture or ideation; aggression; sex-related behaviors. As is evident from this study, those molested by father or father substitutes experienced more severe and debilitating sequelae as a result of the incest.

Molestation Variables

There were numerous allusions in the literature to the impact of certain variables on the victim, such as the age at onset, duration of the abuse, amount of force used, and acts performed. Studies indicated that the difference in ages between the offender and victim and the amount of coercion and aggression were significant predictors of emotional trauma (Finkelhor, 1979). But Chandler (1982) pointed out, seldom were force and aggressive coercion necessary in familial sex abuse, and still the trauma is extremely high.

Very little research has been systematically conducted on the effects of molestation variables on sequelae but several researchers have noted relationships. For example, it has been suggested that the longer the abuse continues the more serious the results. Yet Chandler (1982) contended that being abused only once may have as serious an effect as long-term incest. A significant relationship between duration of the abuse and emotional disturbance and trauma was not found in a hospital study of 28 children (Adams-Tucker, 1982). However, if the abuse

continues over time, the victim may be prevented from having the normal childhood experiences which are the basis for healthy adult adjustment.

Adams-Tucker (1982) found varying responses according the age of the victim. Molestations between the ages of 2 and 6 resulted in high anxiety. From 6 to 7, the children showed more upset and manifested depressive neurosis, behavior disorders, and psychosis. More moderate reactions were noted at the 7.5 years mark. Between 10 and 15.5 years, depression with aggression against self was noted. This group received the most severe diagnosis, and often in-patient treatment was necessary.

Some authors suggested the younger the daughter at the time of the incest, the less psychological harm she suffered because it was easier for fathers to convince young daughters that the relationship was proper (Gentry, 1978; Rosenfeld, 1977). Peters (1976) disagreed, however. He pointed out the young daughter was likely to express her fears and would emotionally withdraw in order to protect herself.

The psychoanalytic point of view presented a framework for discussing incestuous desires in early childhood. Under normal circumstances, these are repressed and sublimated, and later redirected to appropriate adult partners (Lewis & Sarrel, 1969). The occurrence of incest means a serious disruption of the developmental sequence, and a strong potential impact on the personality structure is possible. In this view, the greater damage results when the abuse commenced early (Meiselman, 1978). Abuse in infancy or early childhood resulted in stimulation beyond the ego's capacity to manage, and resulted in various

psychosexual developmental disorders including psychosomatic illness, hysterical conversion, and excessive passivity (Mrazek et al., 1981).

Other researchers suggested the greatest damage from incest occurred at adolescence. The adolescent female is very aware of social disapproval and is sensitive to community attitudes. In addition, biological changes are occurring. This combination engendered a sense of confusion and anxiety for some (Gentry, 1978; Lewis & Sarrel, 1969; Rosenfeld, 1977). The adolescent is also struggling to achieve a sense of individual identity, and she is trying to separate from family. Researchers have found serious psychological damage occurring with adolescent incest (Adams-Tucker, 1982; Kaufman et al., 1954).

The immediate impact of incest on a child can be viewed as an interruption in the normal developmental process, and many factors will influence how successfully the child integrates the experience and copes with the effects. The developmental stage at which the sexual abuse occurs can have a significant impact on the child's personality structure (Berliner & Stevens, 1982; Burgess & Holmstrom, 1975).

The literature reviewed on molestation variables has been used as a basis for formulating items on the questionnaire constructed for this study.

Incest and Social Problems

Eventually for some victims, the repercussions of incest find expression of personal anguish in the public domain of social problems. Lying, truancy, running away from home, sexual acting out, and stealing

were found in 25% of the study population done by Maisch (1972). Twelve percent of the female residents in a treatment unit of a juvenile institution were found to have had incest histories (James, 1977). The seven girls who were included in this study were committed to institutional treatment by the courts. All were presented as runaways, engaging in sexually provocative behavior around males, with negative self-images, and low tolerance to self-disclosure. All displayed the conviction that they were "bad" women who had been sexually used.

Some investigators have found a strong association between incest history and later development of promiscuity and prostitution. Sixty percent of prostitutes in one study reported that the sex abuse definitely affected the decision to become a prostitute (Silber & Pines, 1981). Another study of prostitutes indicated that they had experienced more negative sexual activities during adolescence which affected how they felt about themselves (Vitaliano, James, & Boyer, 1981). These authors used sex-role counseling to determine its effectiveness in influencing the lifestyles of the prostitutes.

Substance abuse appeared to be yet another attempt at escaping from the reality of incest at home. Benward and Densen-Gerber (1975) found a high incidence of incest among the residents in a drug treatment facility in New York. Of 118 interviewed, 44% of the females reported incest in their backgrounds. A follow-up study the next year revealed the incidence of historical incest among female residents was 35%.

In summary, as we move into the adult years, it becomes clear that a firm psychological foundation does not exist for the incest victim.

Personal problems of depression, poor self-esteem, feelings of being used, and attempted suicides influence the interpersonal alienation that results in various social problems such as runaway behavior, truancy, substance abuse, and prostitution.

Long-Term Psychological Effects

The clinical picture of adult women who have a past history of incest is no more positive than that of children with similar experience. The evidence tends to support the view that incest has deleterious long-term effects on adult psychological functioning. Clinicians reported an unusually large number of incest daughters among their female population (Baisden & Baisden, 1979; Courtois, 1979; Herman & Hirschman, 1977; Meiselman, 1978). In addition, studies indicated women who reported histories of incest had more complaints and were more disturbed than other females in therapy (Briere, 1983; Meiselman, 1978; Tsai, Feldman-Summers, & Edgar, 1979).

Personal Problems

In general, studies of women incest victims in treatment indicated various negative effects of the abuse such as depression, guilt, feelings of isolation, poor self-esteem, feelings of worthlessness and inferiority, identity problems, sexual dysfunction, promiscuity, and a masochistic orientation to life (Brooks, 1982; Herman & Hirschman, 1977; Meiselman, 1978; Tsai et al., 1979; Tsai & Wagner, 1978). Many suffered from poor self-concepts and were convinced they were "bad women," evil,

or whores, and they engaged in a barrage of negative self-assessments (Herman & Hirschman, 1977; James, 1977; Slager-Jones, 1978).

Tsai & Wagner (1978) studied 50 women volunteers who had been sexually abused as children. The women were predominantly white, middle-class, and about 30 years of age. Forty-nine percent of the sample had been abused by the father or stepfather. The volunteers participated in four group therapy sessions. Findings revealed sex abuse during childhood indeed does have long-range negative effects on the personal adjustment and interpersonal relationships of victims. Consistent themes among the adult victims emerged. All victims experienced guilt. Many exhibited a negative self-image and were depressed. Especially noted was a generalized mistrust of men resulting from the sense of betrayal engendered by the abuse. The victims also expressed feelings that they had been cheated out of a normal childhood which resulted in self-perceived social ineptness. Several women complained of a tendency to get involved with unworthy men who were like the offenders in some way. Most of the women reported sexual dysfunction. Bitterness toward the mother for not protecting them was also expressed by most. The authors noted the short-term group therapy was helpful in alleviating some of the effects of the early sexual abuse.

Severe character pathology was noted by other therapists. In a study of 12 in-patients, Brooks (1982) observed 75% of patients carrying the diagnosis of borderline personality disorder are incest victims. She noted the victims suffered from depression; a masochistic orientation to life; problems relating to others; identity problems; sexual problems

which included frigidity; promiscuity; and confusion over sexual orientation; and marital conflicts. Brooks suggested that in some cases incest may be the etiological factor in the development of borderline personality disorder.

A study of a large sample of women with a history of child sexual abuse confirmed the severity of symptoms. Briere (1983) compared 86 non-victims with 67 victims, and found those in the sexual abuse group were statistically more likely to be on psychoactive drugs, to have a history of alcohol or drug addiction, to have been in a battering adult relationship, and to have made at least one suicide attempt. The subjects were also more likely to report dissociative response patterns, sleep disturbance, anxiety attacks, chronic muscle tension, the desire to physically hurt themselves, and fear of both men and women. The researcher pointed out that these symptoms were present for at least 13 years after the abuse ended and therefore may be considered chronic. Briere hypothesized that many women who carry the diagnosis of borderline personality disorder were in fact incest victims.

Sexual Problems

A widespread effect of incest for many victims appeared to be problems with sexuality. Sexual dysfunction and sexual identity conflicts were commonly noted (Herman & Hirschman, 1977; Meiselman, 1978, Tsai et al., 1979; Tsai & Wagner, 1978).

Intimacy in adult relationships seemed to precipitate some of the problems. As a relationship became more intimate and emotionally close, conflicts were activated which resulted in sexual dysfunction.

Meiselman (1978) shed light on the scope of the problem when she reported 87% of a group of incest victims complained of sexual problems as compared with only 20% of non-victims in therapy. In another study in which 169 adult women were treated for sexual dysfunction, it was found that 90% had been victims of child sexual abuse, and 23% of the sample had been victimized by fathers or stepfathers (Baisden & Baisden, 1979).

A study conducted by clinical psychologists explored the different factors associated with childhood molestation which might determine the psychosocial adjustment of adult women with histories of sexual abuse (Tsai et al., 1979). Three groups of women were recruited for the study comprised of (a) a clinical group of women seeking therapy for problems associated with the childhood molestation, (b) a non-clinical group of women who had been molested as children but who had not sought therapy and considered themselves well-adjusted, and (c) a control group of women seeking therapy without a history of molestation.

All participants completed the Minnesota Multiphasic Personality Inventory (MMPI), a sexual experience questionnaire, and a seven-point self-rating adjustment scale. Demographic and biological information was also gathered.

The researchers discovered that the clinical group of women molested as children was significantly less well adjusted than either of the other two groups. Elevated scores on the Pyschopathic Deviate and Schizophrenia scales of the MMPI produced a modal 4-8 profile. Often

observed factors which accompany this profile include (a) a history of poor family relations; (b) problems stemming from early establishment of an attitude of distrust to the world; (c) poor social intelligence and difficulty in becoming emotionally involved with others; (d) sexuality seen as a hostile act through which anger is released; (e) low self-concept; and (f) a characteristic pattern of choosing men inferior to themselves in their relationships. These features were consistent with the observations of the researchers treating women sexually abused as children (Tsai & Wagner, 1978).

The clinical group had more problems than the other groups in sexual functioning which included frequency of orgasm during intercourse, number of sex partners, sexual responsiveness, satisfaction with sexual relationships, and perceived quality of close relationships with males. The authors concluded that the women in the clinical group differed substantially from the other groups in terms of adult adjustment.

Confusion over sexual orientation was also discussed by several researchers. Many women reported being afraid of males sexually and found themselves seeking the company of other women for the gratification of emotional needs. Meiselman (1978) suggested a "lesbian solution" in which the relationship is eroticized. She speculated that this is likely to be motivated by the daughter's wish to be loved by women to compensate for the rejection from her mother. She further suggested that the "lesbian solution" is likely to be a "reactive conversion" following a traumatic heterosexual involvement rather than the outcome of direct homosexual wishes and drives.

In a discussion of the psychological responses of incestuous daughters, LaBarbera and Dozier (1981) pointed out the eventual deficits in gender identity and sexual functioning. They deemed it important for clinicians to be particularly sensitive to conflicts in the area of sexuality and male-female relationships when treating incestuous daughters.

Interpersonal Problems

Problems in interpersonal relationships are another frequently reported area of concern for incest victims. For those who have not worked through the trauma, the effects linger on. It is not surprising to learn from anecdotal reports that adult women incest victims have extreme difficulty entering relationships based on trust and intimacy, for fear of exploitation, rejection, and powerlessness (Butler, 1978; Herman & Hirschman, 1977).

Marriage and motherhood have traditionally been the primary activities and roles of females in this society. Reinforcement and affirmation come to women from these two pursuits. Yet we find that incest victims tend to eschew each of these roles (Goodwin et al., 1982; Herman & Hirschman, 1977; Meiselman, 1978).

Courtois and Watts (1982) discussed relationships of adult women with histories of incest according to the following categories: general, marital, parental and in-laws, and relations with their own children. These relationships were generally found to be superficial, conflictual, empty, or sexualized. The inability of the victim to trust was apparent.

Guilt and shame were often precipitated by good relationships which were viewed by the victim as undeserved or not possible. Some women attempted to resolve the conflicts created by the incest within their adult heterosexual relationships. Although many of the women felt negatively toward men, they tended to overvalue them. The negative self-esteem experienced by most victims was reinforced by involvement with abusive men which produced a similar scenario to their abusive childhood experiences.

Cohen (1981) also presented a very negative picture of the prospects for a satisfying marital relationship. She observed adult woman incest victims tended to engage in relationships that were not satisfactory, either sexually or emotionally. The victim's feelings for her partner were shallow, and her perception and understanding of the relationship were limited. The author reported marital instability and rejection of marriage as a life style. She suggested the adult victim may associate the emotional pain experienced in the incest with the current man in her life, and she suggested the adult victim perceived him as sexually using and betraying her as her father had done.

Molestation and Mothering

Parenting problems emerged as yet another major issue of concern for the adult incest victim. Some insights into parenting attitudes and issues have been made.

Courtois and Watts (1982) pointed out that poor relationships with parents within the original family constellation tended to produce

similar relationships with one's own children. Incest victims expressed fear of their sons and fear for their daughters, and they questioned whether they could be good mothers.

Research comparing experiences of teenage incest victims and adult incest victims also revealed concern over various issues including parenting (Topper, 1979). The adult women expressed uncertainty about their ability to mother since they felt the poor relationship they had had with their own mothers did not prepare them with knowledge needed to mother their own daughters. The women also felt their incest had affected their choice of husbands, their attitudes toward sex and sexual experience, and their feelings about themselves and their bodies. They continued to worry about incest occurring in their own homes. The author recommended strong modeling of parental roles for victims in therapy since such modeling may be critical in preventing a recurrence of incest in the next generation.

Variable responses to children have been reported by incest mothers. Steele and Alexander (1981) found many incest victims were ambivalent about their ability to parent. They were unsure about their skills and feared they would be hampered in providing consistently good care for their children. Other incest victims stated they did not want children for fear the would have similar incest experiences. Herman and Hirschman (1977) reported adult victims in their study felt rage and resentment toward their children, especially their daughters.

Researchers are concerned that women who have been sexually assaulted may in turn physically abuse their own children. There is some

justification for this concern. In one study, 90% of the mothers who sought help for child abuse had themselves been sexually abused as children (Summit & Kryso, 1978).

Support for this concern also comes from Rosenfeld (1977) who reported many of the abusing parents in a study had been sexually abused as children. This suggested incest may impair the child's ability to achieve an adult sexual and parenting relationship, and may perpetuate the patterns in subsequent generations.

Goodwin et al. (1982) studied abusing mothers and found information which seems to substantiate some of the concerns about the poor parenting skills of victims. A group of abusing mothers was compared to a similar control group. It was found that 24% of the mothers of abused children were incest victims as compared with 3% of the control group. The authors noted:

> The intimate tenderness involved in parenting can be as intense, as overwhelming, and as physical as the intimacy of mating. The link between prior incest in the mother and subsequent physical abuse in her child may occur because sexually abused mothers feel as frozen and frustrated in expressing maternal tenderness as they do in expressing sexual tenderness. (p. 148)

It appeared incest victims had inhibitions and fears about tenderness traceable to the childhood incest experience. These are important factors in the dynamics associated with the development of either physical or sexual abuse in the family. The researchers suggested the incest mother may be more fragile and more vulnerable to disintegration under certain types of stress due in part to poor coping skills. The mother's repressed memories of her own victimization may emerge as she unconsciously recreates a similar situation for the child,

thereby allowing herself another chance to resolve her repressed conflicts. Hence it is not unusual that the daughter's sex abuse occurs at the same time as the mother's had. The authors cautioned that a consequence of unresolved trauma may be the "coincidental" repetition of sexual trauma (p. 148). This is important information for therapists treating adult victims who have children in their care.

The possibility of intergenerational transmission of incest is of concern to others also. Kaufman et al. (1954) suggested the adult incest victim develops a conflict-laden relationship with her daughter similar to the one she had with her own mother. She role reverses with her daughter, setting her daughter in the maternal role. Because of the incest, she is likely to be sexually dysfunctional which leaves her husband sexually deprived. If he is an abusive type and has incestuous tendencies, the potential for incest to occur with her daughter is created.

Impaired ability to parent is an issue to those concerned about the intergenerational transmission of incest (Gentry, 1978; Nakashima & Zakus, 1977; Rosenfeld, 1977). The daughter learns to tolerate abuse from the experience of the incest, and at the same time the mother models passivity and submissiveness to father (Dietz & Craft, 1980).

In summary, current clinical evidence has all but eradicated early claims that incest bears no deleterious effects on victims. The studies sampled offer evidence that extremely negative effects occur not only in the short-term but also in the long-term. Lack of resolution of the

trauma can negatively affect the participants and future generations as well.

The Incest Family

A warm loving family life allows children to develop a healthy pride in themselves and their parents (Rosenfeld, 1977). The affection received as a child contributes to future abilities to be warm and caring in sexual, marital, and parenting relationships. However, an emotional climate of non-empathic and non-caring involvement from parents can have long-range detrimental effects on adult functioning.

Marital Relationship

The marital relationship in which incest occurs is disturbed. The relationship between the husband and wife has often ceased to be emotionally or sexually satisfying although a facade of harmony may exist (Hoorwitz, 1983). There is general agreement that the pre-incestuous family is unstable and crisis ridden with marital discord and disturbed family relations are common (Maisch, 1972). Many believe the incest is a symptom of the general dysfunctional family unit (Lewis & Sarrel, 1969; Lustig, Dresser, Spellman, & Murray, 1966; Tormes, 1968). Incest usually occurs in unbroken homes (Finkelhor, 1979; Justice & Justice, 1979; Meiselman, 1978). Some researchers are convinced the incest occurs as an attempt against dissolution of the marriage (Gutheil & Avery, 1977; Nakashima & Zakus, 1977; Sarles, 1975; Weiner, 1964).

Often the husband and wife in the incestuous family seek parents in their spouses which results in difficulties since marriage requires an equal investment from adults who are partners rather than siblings. The incest is generally preceded by a history of parents who themselves have not received adequate parenting and who know only how to use the child to meet their own needs (Sgroi, 1982). Extreme deprivation because of unmet needs in childhood produces dependent adults who then seek gratification in pathological and destructive ways often at the expense of their children. The parents cannot meet the needs of their children who then in turn grow up needy. They therefore reproduce themselves and model these dysfunctional patterns of adaptation to their offspring.

In the situation where the child is mother, her sense of well-being and self-esteem, her ability to trust, her ability to form relationships outside the family, and her ability to free herself from the responsibility of the family are at stake (Gottleib, 1980).

Incest is truly democratic. It cuts across all categories of racial, religious, and socio-economic determinants. However, most of the current information on incest families is gleaned from the records of the courts and social agencies which increases the possibility of incest being reported in the lower social classes and in disorganized and unstable families. Information on the families that remain undetected and in-tact is known to us mostly from anecdotal reports of adult women who have been victimized during childhood.

Attempts have been made to describe the incestuous family. Some common features exist. Herman and Hirschman (1977) found that almost

uniformly there was an estrangement between the mother and daughter prior to the incest. Over one half the mothers were incapacitated by mental illness, alcoholism, or physical illness. They were either invalids or were away from home periodically because of hospitalizations.

The typical incest family has been portrayed as patriarchal with the father as the authoritarian head of the house. He imposes his authority by use of physical force, drinks heavily, and is unduly restrictive of his daughter's social life (Browning & Boatman, 1977; Herman & Hirschman, 1977; Tormes, 1968).

One of the earliest studies of incestuous families (Weinberg, 1955) revealed that in 159 families, father dominance was the pattern. This dominance was accomplished through intimidation and emotional sway over the family. Role "disorganization" was present in these families and was exhibited by such behaviors as the father walking around nude, sleeping with his daughter, watching her dress, etc. The incest family lacks clear role definitions and expectations.

One analysis of 425 reported cases led to the categorization of incestuous families as follows: (a) functional in which a dominant father and weak mother give over the wife's role the daughter; (b) disorganized, chaotic, and multi-problemed; (c) pathologic, in which one parent is psychotic; (d) object-fixated in which the father is attracted to children because of earlier sexual experience; (e) psychopathic in which the father appears to have no limits in sexual expression (Bagley, 1969).

The term "character disordered" has also been used to describe the incest family (Anderson & Shafer, 1977). This type of family was defined as exhibiting difficulty with impulse control, alcoholism, sexual acting out, poor judgment, physical rather than verbal expression of needs, manipulation, irresponsibility, relating to people as objects, narcissism, depressive symptoms, dependency conflicts, and inability to tolerate intimacy.

Nakashima and Zakus (1977) identified two types of incestuous families: the intrafamilial or classic incest family, and the multiple-problem family.

The classic type of family was the most common. This family was seldom known to the courts or social agencies. The incest remained hidden and all members seemed to be leading a quiet, normal life. The public appearance was of stability and functioning. In some instances the home was seen as exemplary in the community. There was limited contact with the outside world, however. The incest was likely to last for several years. The father in this triangle was often passive and introvertive. He had a weak sexual relationship with his wife. Under stress he turned to his daughter out of loneliness and dependency. The mother in this family was often unavailable sexually because of work or incapacitation. She may even have been aware that the incest is going on, and suggestions were made that she may have encouraged it since her daughter was fulfilling a role she no longer wanted. The daughter became "little mother" and assumed household duties that the mother would usually fulfill.

According to Nakashima and Zakus (1977), the multiple-problem family was frequently known to social and pyschiatric agencies as well as the courts. The pathology of the family was recognized outside the home since there was acting out in the community. The parents were often alcoholics or drug abusers, and they were involved in breaking the law. Child abuse was also present in the home. The children were also known to the community through truancy, arson, thefts, sexual promiscuity, or illegitimate pregnancies. There was a separation of the family from the established values of the community and society in general. The incest was viewed as a minor theme in pathological chaos. The incest was only one aspect of family disorganization. Fathers molested other children as well as their own. The mothers, while perhaps not encouraging the incest, felt powerless to stop it. They ignored it in an attempt to prevent the father's violent behavior. Generally the victims realized the abnormality of the situation when they reached adolescence. However, they were afraid to withdraw from it in fear of destroying the family.

Another type of family involved in incest was described by Sarles (1975). Although the family was relatively stable, the father committed the act under the influence of alcohol. The activity usually did not involve intercourse, and it was likely to be a single event. Generally there was a good parent-child relationship preceding the molest. The father usually felt guilt and remorse.

It is agreed that one of the salient features of the incest family is the father's lack of impulse control (Maisch, 1972). How he gains access to his daughter depends on the type of family. He may use more

tender forms of coercion such as bribes of money or gifts to obtain his daughter's consent (Tormes, 1968), or he may use varying degrees of force as described in Nakashima and Zakus (1977).

Mothers and Daughters

The mother plays an important role in the incestuous family. In one study (Weiner, 1964) mothers were portrayed as dependent and infantile women. The mothers preserved the triangle upon discovery for fear of dissolution of the family. They themselves had had pathological relationships with their own mothers who were described as cold and rejecting, and who gave just enough nurturing to raise hopes. In a vain attempt to please mother, these women married but soon deserted their husbands sexually as they could not maintain an adult sexual role. Usually it was the oldest daughter who became the surrogate female authority in the household. The mother reversed roles with the daughter expecting from her daughter the relationship she hungered after with her own rejecting mother.

Another theory was that mother had unconscious homosexual desires for her daughter and used her husband as a vehicle for those impulses toward her daughter (Lustig, et al., 1966). Incest mothers were also portrayed as having competitive, angry, and hostile relationships with the daughter (Butler, 1978; Meiselman, 1978).

The suggestion that the mother entered adulthood with a continuing need for nurturance and mothering due to deprivation or abuse in her own background was made (Cohen, 1981; Sgroi, 1982). The absence of adequate

role modeling in her own childhood resulted in never learning the mothering role. It was further suggested that she did not individuate or separate from her family of origin. Hence, she responded to her strong need for mothering and role reversal with her daughter.

In general the mother was viewed in very negative terms in the literature. Most often she was described as passive, dependent, depressed, submissive, overburdened, unable to restrain husband or protect her daughter, unloving, rejecting, pushing daughter into the maternal role, withholding emotional support from the daughter, and blaming and condemning the daughter for the abuse (DeFrancis, 1969; Lukianowiz, 1972; Weeks, 1976).

A poor attachment to the mother often results in daughters who lack basic trust in others, skills necessary for building relationships, and who are socially isolated (Mrazek at al., 1981). Low self-esteem and a poor sense of identity--both general and sexual--are also common characteristics. Most often the daughter believes she will be cared for only to the extent that she meets her parents needs. This may begin during the role reversal before the incest begins. Thus the child learns the external world is threatening and that she must always be able to give in order to receive (Gottleib, 1980).

A continuing disturbance in the mother-daughter relationship was reported (Herman & Hirschman, 1977; Meisleman, 1978; Summit, 1983; Tsai & Wagner, 1978). Unresolved anger toward the mother emerged as a major theme for adult victims. The daughter's greatest rage was focused on the mother for abandoning her to her father. She assumed her mother was too

weak or non-caring to intervene. This failure of the mother-daughter bond reinforced her distrust of herself as a female. The dependent mother-daughter relationship continued into adulthood fed by the hostility.

Herman and Hirschman (1977) suggested the residue of anger that the daughter had for the mother was for failing to protect her from the father, for failing to provide the love and nurturance which the daughter eventually sought from the father, for role modeling women as weak and passive, and for not acknowledging the daughter's "acts of love" toward the mother in substituting for her.

Brooks (1982) discussed the anxiety and guilt of the incest daughter who remained angry with the mother yet was unable to separate from her. She stated, "The incest daughter has unconsciously learned that to be independent and successful means an abandonment of mother, and ultimately mother's destruction" (p.122). Brooks maintained that analysis of the mother-daughter relationship was a significant aspect of therapy. Giaretto (1976) agreed and stressed that the primary bond between mother and daughter must be accomplished before therapy can be successful.

The role the mother plays in the development of her daughter's personality and identity is crucial. The role-modeling the child is exposed to is extremely influential in the development of his or her self-concept and sex-role orientation.

Self-Concept and Sex-Role Orientation

The self-concept and sex-role orientation of incest victims are crucial to adult adjustment and interpersonal relationships. Both are influential in determining feelings toward the self and interactions with other (Block, 1973).

Self-Concept

Self-concept is a term denoting the set of unique cognitions one holds towards the self which are based on past experience and interaction with other people. Bardwick (1971) described the self as "a point of stability, a frame of reference, the main organizing principle available in dealings with the social and physical world" (p. 154). She stated that how one perceives the value of the self determines the level of self-esteem which is the self-evaluative function of how well one performs in each of one's roles.

Research indicates that how a person perceives himself or herself is formed early in life and will determine life expectations and behaviors (Combs & Snygg, 1959; Fitts, 1972). Necessary for successful, healthy interpersonal relationships are the feelings and perceptions one has about oneself as a worthy individual deserving of respect.

The basic sense of self begins to develop very early in life, probably around the age of two, and is the residue of primary social learning and the more psychoanalytic mechanisms of identification (Bardwick, 1971).

The incest victim is at a distinct disadvantage when it comes to developing a healthy self-concept because of the family dynamics which

produce an environment in which basic psychological needs are not met (Sgroi, 1982).

Growth and Development

Because the incest occurs in childhood or adolescence and is considered a traumatic event, we may suspect a disruption of the normal process necessary for human growth and development. Helfer (1978), noted authority on child abuse, stated "a young girl has her developmental process placed in serious jeopardy if she is sexually molested and/or assaulted by her father, stepfather, uncle or older brother at the very time in her development when she is trying to sort out and develop her own identity and positive self-image" (p. 61).

Although the exact process of development is unknown, most theorists agree it occurs out of interplay between the natural process of growth within the individual and interactions with the primary others in the environment. Erikson (1950) presented an interactive theory of eight stages of development which unfold in a sort of orderly fashion according to schedule at specific intervals in the life-cycle. Each stage presents a developmental task, or crisis, which must be resolved before further growth can occur. He theorized unresolved crises create conflicts which continue into and contaminate the successive stages until resolved. Although his theory has not been proven, it provides a framework helpful in describing, understanding, predicting, and influencing human development.

Erikson's (1950) stages include "Trust vs. Mistrust" established in infancy, "Autonomy vs. Shame" and "Initiative vs. Guilt" established in

early childhood, "Industry vs. Inferiority" established in the prepubertal years, and "Identity vs. Role Confusion" established during the teen years. The challenges and crises are crucial to identity formation, self-concept, and sex-role orientation. Only after successful resolution of the developmental tasks up to and including adolescence has been accomplished, can one enter into a mature, intimate, and lasting relationship.

Early developmental periods are extremely significant because weak or debilitating solutions of identity challenges at the beginning of life establish handicaps or impairments detrimental to future growth. Studies done on the effects of deprivation and trauma at different points in development provide examples of disruptions in growth which appear to have enduring and consequential implications (Barahal, Waterman, & Martin, 1981).

Lewis and Sarrel (1969) contended the development of trust and self-esteem may be impaired by the traumatic introduction of incest during childhood even though the impact on personality development may not show up until later. They pointed out the child in the incest home was unprotected and unsupported and may be left more vulnerable to later trauma. They held all incest produces anxiety the level of which is influenced by the developmental life stage and ego capacity for dealing with it. Chronic anxiety resulted with repeated experiences which interfere with resolution of development crises. They noted object relations were disturbed and warned psychopathology may result.

Incest is considered a traumatic, developmentally debilitating event by many researchers (Berliner & Stevens, 1982; Lewis & Sarrel, 1969; Silver, Boon, & Stone, 1983). Throughout the literature, indications of the poor self-concept and negative self-images of incest victims were recounted (Herman & Hirschman, 1977; Meiselman, 1978; Tsai & Wagner, 1978). The incest experience created a situation in which the child was valued for her "service" rather than her self, and the victim develops within the confines of being able to care for and meet the needs of her parents. This deprives her of the normal developmental experiences in which she can explore a wider world and pursue her ability to obtain love and affection (Gottleib, 1980).

Identity Formation

An important process in the development of self-concept is identity formation or the incorporation of a model into oneself, in which there is no boundary between the self and the model (Bardwick, 1971). The acquisition of sex roles in this culture is usually dependent on the modeling of same sex parents. In normal development, girls generally identify with their mothers and use them as role models. Modeling for sex-role orientation occurs through observation and imitation of characteristics of the mother.

Katz (1979) stated the development of the female identity occurs through the combination of parental reinforcement, modeling, and identification. She emphasized parents should be made aware of the consequences of rigid sex-role typing. She predicted that an early

observation of parents has the most profound effect on the developing child.

The question of who the incest victim adopts as a model is important in later expression of sex-role behavior based on the orientation she develops. Does she model herself after the woman who is described in the literature as helpless, depressed, rejecting and/or hostile, or does she model after her father the aggressor who may have given her the affection she lacked as some researchers suggest?

In a study of six adult women who had been raped as children, Katan (1973) found the victims experienced intensely ambivalent feelings toward both parents, and a comfortable sense of identity was never established. The victims identified strongly with men as an escape from very low self-esteem. The researcher observed "they could never feel themselves to be women. In their low self-esteem, they felt they were neither men nor women, they were nothing" (p. 220). Katan reported that when they identified with a male, they felt themselves to be aggressive attackers but if this identification was interfered with, they became victims.

Rist (1979) observed that a girl involved in father-daughter incest usually felt abandoned by her mother and therefore turned to the father to meet her needs for affection. Rist suggested this alliance may feed the daughter's desire for revenge against the rejecting mother. Bardwick (1971) addressed the modeling issue also when she stated:

> If the daughter rejects the maternal role, or if her mother is more rejecting than supportive, or if her relationship with her father is the only source of love and support, she may well identify with his role activities, especially because this culture values the achievements that come from successful competition in non-feminine roles. (p. 138)

Justice and Justice (1979) stressed the importance of appropriate role-modeling and cautioned mothers to act as role models for their daughters and define permissible limits of sexual behaviors with the fathers.

Sex-Role Development

Bardwick (1971) stated "The development of one's identity is inextricably linked to the development of one's masculinity and femininity, and the crisis experienced will be interwoven with the tasks of one's sex role . . ." (p.159). By the age of four or five the child has developed a clear concept of his or her appropriate sex role (Schiff & Koopman, 1978).

Block (1973) defined sex role as "the constellation of qualities an individual understands to characterize males and females in the culture . . . and is influenced by both biological and historical/cultural factors complexly interacting with changing degrees of accendancy at different critical periods" (p. 2). Hence sex role is the synthesis of the biological and cultural influences which are mediated by cognitive and ego-functioning. Sex roles emerge as the more general process of cognitive and ego development which occurs by progression through various critical phases of development.

The sex-role orientation of an individual is an important area of inquiry since it is influential in the dynamics of close personal relationships such as marriage and motherhood. The way one views oneself and one's ability to accept others are considered a function of sex-role identity (Eman & Morse, 1977). As a component of the self-concept,

sex-role orientation is significantly related to levels of self-esteem (Bem, 1977; Orlofsky, 1977; Spence, Helmreich, & Stapp, 1975). Thus far, there has been little research to investigate the possibility of an association between sex roles and close intimate relationships (Fischer & Narus, 1981).

Herman and Hirschman (1977) discussed sex roles in connection with their thesis that incest can only exist in a home where rigid sex roles prevail and the patriarchy exists. In this system, prescriptions for traditional masculine and feminine sex roles create a distribution of power which links gender with aggression and dominance. The male role emphasizes aggression and the female role stresses submission. The paternalistic male-dominated family views women and children as possessions. The authors affirmed the incest taboo is weak in the patriarchal home which is characterized by rigid traditional sex roles. They contended that the sex-role orientation of the mother is as much an extreme of the traditional female (hyperfeminine) sex role as the orientation of the father is an exaggeration of the male sex role.

Sex Roles and Mental Health

The theoretical connection between sex-role typing and psychological health has recently become a major area of research. Recent studies have indicated that sex-typing is no longer developmentally desirable (Bem, 1974; Block, 1973). Some researchers even contend that rigid sex-typing is psychologically unhealthy, especially for females (Schiff & Koopman, 1978).

Recent evidence indicated masculine sex-role orientation is the preferred norm for cultural socialization (Block, 1973; Rosenkrantz, Bee, Vogel, Broverman, & Broverman, 1968). Those same qualities associated with the masculine sex-role orientation such as assertiveness, competence, logic, and dominance were considered the characteristics of mentally healthy adults (Broverman, Broverman, Clarkson, Rosenkrantz, & Vogel, 1970). Conversely, the qualities associated with the traditional feminine sex-role orientation--nurturance, passivity and warmth--were considered mentally unhealthy.

Rosenfeld (1977) conducted research on the effects of sex roles in the family which included the power relationship between the husband and wife, overall mental health measures, and specific sex-linked symptoms. She concluded traditional sex-role orientation was advantageous for males but not for females.

Socialization of females in this culture tends to inhibit individuation, restricts autonomy, and fosters nurturance, conservatism, and submission. At the same time the culture discourages development of the masculine traits necessary for independent living such as assertiveness and achievement which results in dependency (Block, 1973).

Sex-Role Orientations

Block (1973) proposed a relationship between sex-role identity and ego-functioning. She suggested the integration of both masculine and feminine characteristics resulting in an "androgynous" orientation. The masculine emphasis on achievement and self-reliance and the feminine focus on nurturance, cooperation, and responsibility blended together to

produce a highly functioning androgynous individual. Block hypothesized that mature ego development and the development of androgynous sex-role identity were significantly related.

Orlofsky (1977) reported sex-typing appeared to be related to early identification foreclosure which resulted in a more conventional, less differentiated personality. He contended that although both masculine and feminine characteristics were important, the masculine quality of assertiveness was more crucial to identity formation than any of the female characteristics since it was important in developing an internal frame of reference.

Bem's work on sex roles has helped to clarify the association of sex roles and psychological health. Bem (1974) viewed masculinity and femininity as independent dimensions rather than undimensional. Sex-typed individuals endorsed a high degree of one set of characteristics in preference to the other. Androgynous individuals endorsed high levels of both masculine and feminine characteristics.

The salient characteristic of the androgynous person is the ability to call upon a repertoire of behaviors both feminine (nurturant, warm, supportive) and masculine (assertive, competent, forceful) traits depending upon the appropriateness of the situation.

The sex-typed individual, on the other hand, is restricted in his or her own behavioral responses to situations which require cross-sexed behaviors. Studies demonstrated that sex-typed individuals displayed discomfort and self-defeating responses (monetary loss) in cross-sex situations. They manifested less supportive, playful, and expressive

behaviors across several situations. Traditional females failed to maintain independence under external pressure to conform (Bem, 1975; Bem & Lenney, 1976; Bem, Martyna, & Watson, 1976). Bem considered sex-typed individuals to be at a clear disadvantage since she viewed psychological health and well-being as defined in terms of adaptability in behaviors as achieving interpersonal satisfaction (Bem, 1975; Bem & Lenney, 1976).

Evidence that the androgynous model of sex-role orientation is superior to the traditionally sex-typed role orientation was presented in reports of androgynous individuals exhibiting high self-esteem and behavioral flexibility (Bem, 1974; Orlofsky, 1977; Schiff & Koopman, 1978; Spence et al., 1975). However, disagreements continued regarding the components of sex-role orientation which are related to high self-esteem. Some researchers contended it was the masculine component in the androgynous individual which accounted for the high self-esteem rather than the equalization of masculine and feminine characteristics (Deutsch & Gilbert, 1976; Wells, 1980). This suggested the possibility that masculine sex-role orientation may be associated with greater adjustment and higher self-esteem contrary to Bem's hypothesis of androgynous superiority in these areas.

Spence et al. (1975), using the Personal Attributes Questionnaire (PAQ), found both male and female scores contributed additively to the individual's self-esteem and positive self-evaluation. They defined androgyny to include the absolute strength as well as relative balance of masculine and feminine scores which then yielded a fourfold index determined by a median split of the combined masculine and feminine

scores. The androgynous individual scored above the median on both masculine and feminine characteristics, and a new category--undifferentiated-- was defined. The scores of this individual fell below the median on both the masculine and feminine scales. He or she was opposite to the androgynous individual--neither female nor male. In response to these findings, Bem altered her scoring system to include the new orientation (1975, 1977).

The undifferentiated category has been found to correlate with low self-esteem, a poor self-concept, and poor mental health (Bem, 1977; Flaherty & Dusek, 1980; Orlofsky, 1977; Spence, Helmreich, & Stapp, 1975). A behavior profile measured by responsiveness to a kitten emerged as less nurturant and more anxious than the other three categories (Bem, 1977).

Numerous studies are available comparing the various sex-role orientations on several variables. One study of college women reported that androgyny and masculinity were associated with high self-esteem, satisfaction with one's own body, and with sexual satisfaction. Femininity and undifferentiated sex-role orientation were associated with low self-esteem, lack of body satisfaction, and less sexual satisfaction (Kimlicka, Cross & Tarnai, 1983).

A study conducted by Fischer and Narus (1981) related intimacy to sex roles. They found both androgynous and sex-typed individual were not significantly different from each other as far as intimacy scores were concerned. However, the undifferentiated subjects were clearly the lowest in terms of scores on intimacy. The authors suggested these

results confirmed the pervasive effects of sex-role orientations on intimate relationships.

Orlofsky and Windle (1978) found masculine females, and feminine males, and undifferentiated individuals were all low in personal integration. These cross-sexed individuals were associated with feelings of rejection, alienation, hostility, and anxiety. The authors suggested the cross-sexed individual (masculine female or feminine male) reflected the interpersonal rejection experienced for failing to conform to a traditional sex-role orientation. Apparently cross-sex typing was disadvantageous for everyone, and sex typing, although associated with lower behavior flexibility, was not as detrimental to personal integration and a sense of well being as cross-sex orientation. The undifferentiated orientation allowed none of the flexibility associated with androgyny and tended to be associated with low levels of self-esteem and personal integration. Sex typing in women was also generally associated with lowered self-esteem.

The relationship between sex roles and mental health using variables related to psychological adjustment was investigated by comparing a sample of college students with a sample of psychiatric in-patients (Burchart & Serbin, 1982). The Bem Sex-Role Inventory and a short form of the Minnesota Multi-Phasic Inventory were used. The authors found the four groups of women, feminine, masculine, androgynous, and undifferentiated individuals, differed on a variety of personality scales in both populations. In the college population, androgynous females were lower on the Depression and Social Introversion Scales than feminine

women, and they were lower than masculine females on the Schizophrenia and Mania scales. Feminine and undifferentiated women in both populations tended to have higher scores on Depression and Social Introversion scales than either masculine or androgynous women. In the pyschiatric population, the androgynous females were closer to the norm and more symptom free than the traditional feminine group. The undifferentiated women in both groups were more deviant than either the feminine or androgynous females. The results indicated that traditional sex roles for men and women may be related differentially to personality and psychological functioning. The study offered support for Bem's hypothesis of greater adjustment for androgynous individuals than sex-typed individuals. The results did not support the contention made in recent findings that adjustment of masculine females is equal to, or greater than, that of androgynous females because of the masculine component.

It appears the socialization process, which encourages traditional female sex-role orientation, is detrimental to women in areas of self-concept, self-esteem, psychological adjustment, and mental health. These findings apply also to women who exhibit an undifferentiated sex-role orientation and for masculine women as well. The results tend to be similar. Indeed for optimal functioning the androgynous orientation is indicated.

Summary

As we have seen from the literature review, father daughter/stepfather daughter incest has serious short-term and long-term effects on victims. The short-term effects on children are debilitating and are evidenced in varying manifestations and degrees of intensity. Some of the effects are fear, humiliation, rejection, and betrayal. These feelings are translated into self-concepts and behavior patterns in adulthood which are detrimental to the victim, her family, intimates, and society in general. Her sense of worthlessness, guilt, and alienation continue to affect her relationships if no therapeutic intervention occurs.

Molestation variables considered to be most important in the developmental damage appear to be the age at onset, the duration of the abuse, the level of force used, and the act performed. Consistently throughout the literature it was emphasized that father daughter/stepfather daughter incest incurs the most harm. The developmental damage sustained by the incest early in life produces adults who have not resolved the various critical tasks associated with human growth and development. Victims of father daughter/stepfather daughter incest enter adulthood at a distinct disadvantage for forming and maintaining close relationships.

Data suggest female clinical groups include large proportions of sexual abuse victims. The predisposition toward intergenerational transmission of incest because of the types of deprivation and trauma experienced at critical stages of development concerns many clinicians.

The family pattern of disorganization does not provide the young girl with the stability or interaction with a mother and father which would facilitate normal growth and development. Often the parents have been victimized in their own childhoods and look to their child to fill pathological needs and desires. The devastation to the self-concept is evident. The importance of sex-role orientation for adult functioning was emphasized. The association of impaired functioning evidenced by the traditional feminine orientation, the cross-sexed orientation of masculine women, and the indifferentiated orientation of women neither masculine or feminine, was demonstrated through numerous studies.

This research attempted to provide information about any association between the incest experience and a later debilitating impact on the individual's self-concept and sex-role orientation. In addition, this study considered the influence of molestation variables on self-concept and sex-role orientation. An exploration of the importance of the number of molesters additional to the father and/or stepfather involved in the abuse was done even though no literature was found. The decision to include this area of inquiry was based on the extensive experience of the researcher.

CHAPTER THREE
METHODOLOGY

An adult woman incest victim's self-concept and sex-role orientation are important components of her self-esteem and influence her feelings about herself and others. In addition, interpersonal competence and functioning in intimate relationships such as husband-wife and mother-child are affected by these variables. The purpose of this study was to investigate the possible effects of a personal history of father daughter/stepfather daughter incest on the self-concept and sex-role orientation of adult women. In instances where incest had occurred, the study also attempted to examine the relationship of circumstances of the incest such as age of onset, duration of the abuse, level of force or coercion used, acts performed, and number of abusers to word choices and current reported problems.

The purpose was operationalized by the projection of the five questions to be answered. The information gathered from this study provides data for future research in this area.

Research Design

The causal-comparative design was chosen for this study because of the exploratory nature of the research. The design calls for the selection of two groups which differ on an independent variable, in this case the experience of father daughter/stepfather daughter incest, and

comparison of these groups on the identified variables. This study made the comparisons on self-concept and sex-role orientation. This approach lends itself to investigating the effects of a "cause" yet does not allow the results to claim a cause-effect relationship such as is possible with experimental research. Gay (1976) comments on the "exploratory" nature of the design and points out its value in pre-experimental practice for gathering information pertinent to further experimental studies. The causal-comparative design establishes only a relationship and not necessarily a causal one, so that the results must be considered tentative and tenuous.

Efforts in this study were made to avoid the methodological problems experienced by other researchers due to small samples, lack of control groups, and absence of standardized instruments (Mrazek et al., 1981).

The research questions were as follows:

1. Is there a significant difference between women in therapy with history of incest and women in therapy without incest history with regard to demographic characteristics, word choices describing childhood, and current reported problems?

2. Is there a significant difference between women in therapy with incest history and women in therapy without incest history with regard to self-concept as measured by the Total Positive score and/or the eight subscale scores of the TSCS, and/or in regard to sex-role orientation as measured by the BSRI?

3. Is there a relationship between the Total Positive score and/or the eight subscale scores on the TSCS and the number of current problems reported by either the incest group or by the non-incest group?
4. Within the incest group, are there differences on the Total Positive score and/or the eight subscale scores on the TSCS based on the molestation variables as reported on the DII?
5. Within the incest group, are there relationships between demographic characterstics, word choices describing childhood, and current reported problems and the molestation variables?

Procedures

Participation in the collection of data was elicited by contacting private practitioners as well as professionals in various public out-patient mental health centers and counseling agencies and university counseling services (Appendix B). In all, 50 professionals were contacted. Of those, 37 participated. To control for possible regional differences, subjects were recruited from different parts of the United States.

During the first month of this project, letters were sent to agency professionals and to private practitioners who had indicated an interest in this type of reseach either through publishing articles on the subject, presenting programs at national conferences, or participating in

an informal professional network of information sharing among collegues. One week later, a follow-up contact was made to each professional to confirm participation.

All therapists contacted had at least one graduate degree in the helping professions of clinical psychology, social work, psychiatry, counseling psychology, or counseling; had been in practice for at least one year; and held a state licence to practice and/or were credentialed by the professional organization of their specialty.

Each participating professional was requested to describe briefly the study to their women clients and ask if they would be willing to participate in research designed to learn more about counseling adult women who have experienced incest with a father or stepfather. The referring therapist was to explain to the client that if they took part in the study, they would be asked to complete two standardized instruments and one demographic/information inventory. The materials were to be returned directly to the researcher in a stamped self-addressed envelope. The therapist was also to assure the clients that there would be no penalty for not participating and that she could withdraw from the study at any time. The therapist was to assure the woman of confidentiality.

Each client who agreed to participate received a research packet from the therapist which contained a letter of introduction from the researcher (Appendix C), The Tennessee Self-Concept Scale, the Bem Sex Role Inventory, and the Demographic Information Inventory. An informed consent form was not necessary since return of the completed research packet served as consent.

These procedures afforded the research subject the maximum emotional support because of the availability and support of the primary therapist. If feelings were aroused or repressed material activated by the testing experience, they could be worked out with the primary therapist. This design safeguard afforded the subject a greater assurance from harm than other research conducted with subjects who are not in therapy and/or who have no therapuetic support.

Population and Sample

There were 93 respondents to the study. Twenty-nine were eliminated because of confounding variables such as a history of child abuse, rape, or physical victimization as an adult. In all, 392 research packets were sent to therapists for distribution among their clients.

The subjects in the total group were predominantly white. The non-incest group had 31 white and 3 black subjects, and the incest group had 28 white and 2 black subjects.

The average age of the total group was 35 years. The non-incest group tended to be a little older ($\bar{x} = 36.1$) than the incest group ($\bar{x} = 33.9$).

Forty-four percent of the total group of subjects reported an income of less than $20,000 per year. Thirty-three percent reported an income level of over $20,000 but less than $40,000, and 22% claimed an income level over $40,000. Sixty-five percent of the non-incest group reported an income level between $20,000 and $40,000 as compared with 40% of the incest group.

Neither marital status nor motherhood differed significantly between the two groups. Fifty percent of the subjects in the total group were currently married. Thirty-three percent of the group had one previous marriage, 9% had been married twice before, and 5% had been married 3 times before. Forty-two percent were currently single, and 5% were separated. There were 38 children divided evenly between the two groups.

Fifty-three percent of the women in each group had been in prior counseling for an average of 16 months. The non-incest group had been in prior counseling for an average of 11 months, and the incest group had been in prior counseling for 21.6 months. Members of each group had been with their current therapist about one year.

The total group reflected a range of educational backgrounds. More than one-third had at least a high school diploma, and almost one-half had some college. Only seven subjects had no high school degree. Seventeen percent were currently in college. The non-incest group had a slightly higher educational level than the incest group with 32% reporting a high school diploma, and 65% reporting some post-secondary activity. The incest group reported 43% held a high school diploma, 37% had engaged in post-secondary education, and 20% had no high school diploma.

Almost fifty percent of the women were being seen in public agencies such as community mental health centers, 37% were being seen in private offices, and 17% were being seen in college counseling and mental health centers. There were no differences between groups regarding site of therapy. The study included 5 subjects from Colorado, 8 from Michigan, 6 from Tennessee, 3 from New Jersey, 7 from California, 5 from West

Virginia, 2 from Ohio, 2 from New York, 2 from Massachussetts, and 14 from Florida. Again there were no differences between the incest and non-incest groups in regional representation.

Instruments

Response to two standardized inventories was requested of the subjects as well as completion of a questionnaire designed to gather demographic data and information on participant's family environment during childhood, and present problems being experienced. Subjects in the experimental group were asked to complete information on the variables associated with the molest.

The Demographic/Information Inventory (DII) developed by the researcher was used for two purposes (Appendix A). First, it was used to gather demographic data regarding age, race, economic level, marital status, and educational level on both the control and experimental groups. It also gathered information on potentially confounding variables such as length of time in therapy, therapy setting, family history, and history of other physical or sexual abuse, as well as gathering data on current reported problems.

Second, it was used to gather information on the incest experience as reported by the incest group. Only subjects in the incest group answered questions related to the incest experience. The DII gleaned information on the molestation variables of age of onset, duration and frequency of molest, acts performed, force used to initiate and maintain the abuse, and the number of molesters involved.

Self-concept was measured by the Tennessee Self-Concept Scale (TSCS) which is a standardized multidimensional instrument that measures an individual's preception of the self. The scale is composed of 100 descriptive statements evenly balanced between negative and positive sentiments, each with five possible response categories ranging from "completely true" to "completely false." Scores on Social, Moral-Ethical, Family, Physical, and Personal Self are available which can provide a profile of the individual's self-concept. In addition, this instrument yields an overall self-esteem score and quantitative indices on different areas of the self (consistency, defensiveness, and a degree of self-differentiation). The instrument requires a sixth grade reading level and takes about 20 minutes to complete. The instrument sensitively measures a wide range of indices of psychological adjustment which makes it a useful research tool. Two forms are available, the Counseling Form and the Clinical Research Form. This study used the Counseling Form.

Much research has been done using this scale (Fitts, 1965). Test-retest reliability of the total P (Positive) score over a two-week period of time is reported to be .92 with test-retest reliability of various sub-scores ranging between .70 and .90 (Fitts, 1965).

Fitts (1965) used four different procedures to establish validity. Included were content validity, discrimination between groups, correlations with other personality measure, and personality changes under particular conditions.

Content validity of items was established by judgments made by several clinical psychologists. If there was unanimous agreement among the psychologists, the item was retained. The TSCS successfully discriminated between psychiatric patients (n=369) and non-patients (n=626), between delinquent and non-delinquent, and between psychologically integrated people and average individuals (Fitts, 1965). Much data are available to support the TSCS using another personality measure such as the Edwards Personal Preference Schedule and the Minnesota Multiphasic Personality Inventory. The validity of the TSCS is further supported in results of studies on the effects of positive and negative life experiences on self-concept. Studies by Ashcraft and Fitts (1964) demonstrated validity in test-retest comparison of individuals in therapy with individual not in therapy. Significant changes were found in the self-concept scores of the individuals in therapy with the changes in 18 out of 22 variables in the predicted direction.

The Bem Sex Role Orientation Inventory (BSRI) is designed to provide empirical research on androgyny (Bem, 1981). Androgynous individuals are described as having high levels of both masculine and feminine characteristics and can be both tough and tender, both feminine and masculine, depending on the appropriateness of the situation. The androgynous person has a wide repertoire of behavior to call upon because he or she is not limited to stereotypic sex-role response patterns to situations.

The traditionally sex-typed individual is very aware of the cultural definition of sex-appropriate behavior and is highly motivated to adhere

to these cultural prescriptions. The sex-typed individual has a limited response capability and most often reacts to situations with a stereotypic response pattern.

The items on the inventory were selected based on the cultural endorsement of the characteristics viewed as more typically desirable for a man than for a woman in the American culture. Since the inventory considers masculinity and femininity to be two independent dimensions rather than opposite ends of a common continuum, individuals may be high on both masculinity and femininity (androgynous), high on one dimension and not the other (either masculine or feminine), or low on both dimensions (undifferentiated) (Bem, 1977).

The BSRI consists of 60 items describing personality traits (20 masculine, 20 feminine, 20 neutral). The respondent is asked to rate himself or herself on a seven-point scale ranging from "never or almost never true," to "true or almost always true." The resultant scores indicate the extent to which the individual endorses masculine and/or feminine personality characteristics (Bem, 1974, 1975; Bem, Martyna, & Watson, 1976).

Internal consistency and test-retest reliability are reported (Bem, 1974). Coefficient alphas of the masculinity-femininity scores in two norming samples of undergraduate Stanford University students ranged from .70 to .86. The product-moment correlations for the test-retest situations were masculinity =.90 and femininity =.90. There is also evidence that the masculinity and femininity scores are empirically independent (Wakefield, Sasek, Friedman, & Bowden, 1976).

The salient factor in Bem's concept of sex-role orientation is the concept of androgyny which is evidenced by high levels of both masculine and feminine characteristics (Bem, 1974, 1977). These individuals enjoy high self-esteem and are not bound by rigid sex-typed behavior in specific situations which call for cross-sexed behaviors. The androgynous individual is viewed as well adjusted and psychologically healthy.

Bem adjusted her scoring procedure to incorporate the last category of the undifferentiated sex-role orientation. The undifferentiated individual endorses low levels of both masculine and feminine characteristics and is associated with low self-esteem and non-nurturant behavior (Bem, 1977; Orlofsky, 1977; Spence, Helmreich, & Stapp, 1975).

Data Analysis

To determine significance between the incest and non-incest groups with regard to the percentage of positive words used to describe childhood word choices, a one-way analysis of variance (F-test) was used and to determine significance between the groups in regard to number of current problems, a t-test was used. Percentages were also reported on differences between the two groups regarding current reported problems. A one-way anaylsis of variance was used to determine if there was a significant difference between the incest and non-incest groups regarding self-concept as measured by the TSCS. A chi-square was used to determine if a significant difference existed between the groups regarding sex-role orientation as measured by the BSRI. Correlations were run between the

the BSRI. Correlations were run between the TSCS and current reported problems for the incest and non-incest groups to identify if there were relationships between these variables. A one-way analysis of variance and Scheffe's test were employed to determine differences among members of the incest group who were divided based on the molestation variables. Percentages were reported describing differences among members of the incest group regarding word choices and reported problems. Correlations were run between each incest subgroup and demographic and molestation variables. Percentages were reported on the three subgroups with regard to these molestation variables.

Limitations

Even though various demographic characteristics between the incest and non-incest groups were similar, it can not be stated that the differences in the TSCS scores between the two groups were caused by the incest experience. Causal statements are not applicable because of the design of the study in which subjects were not randomly assigned to conditions in the controlled environment of a research experiment. It is possible the lowered scores on the TSCS in the incest group were unrelated to the incest.

In addition, the severity of complaints may have been related to factors other than the incest such as the degree of family disorganization or deprivation in developmental history. Perhaps an additive effect occurred in which sexual abuse was merely one more trauma in a succession of stresses and traumas.

Women incest victims in counseling as a source from which to select subjects decreases generalizability potential to the population in general since they may not be representative of the true population of incest victims. Generally speaking, this sample may differ from incest victims who do not seek counseling in several ways such as lack of awareness of counseling services, significant psychological impairments which would impede seeking services, economic disadvantage, or absence of ill effects from the incest.

The use of volunteers in the study may also prove to be a limitation since volunteers share characteristics which may not be generalizable to the population in general.

Self-reported retrospective data may be influenced by differential recall, distortions, and memory deficit. Nevertheless, even if distortions or deficits are part of the present recollection of past events, present perceptions are crucial determinants of current functioning.

CHAPTER FOUR
RESULTS

The study was designed to investigate the differences in the self-concept and sex-role orientation between women in therapy with a history of incest with father or stepfather and women in therapy without incest history. It also investigated differences between the incest and non-incest groups with regard to demographic characteristics, selection of words used to describe childhood, and current reported problems. Characteristics of the relationships among the variables associated with the incest, especially the number of molestors additional to the father or stepfather, were examined. Five research questions gave direction to this study. This chapter is organized around the five research questions proposed.

Sixty-four adult women in therapy (34 non-incest subjects and 30 incest subjects), participated in this nationwide study. Subjects completed the Demographic/Information Inventory (DII) developed by the researcher for this study, the Tennessee Self-Concept Scale (TSCS), and the Bem Sex-Role Inventory (BSRI).

1. Is there a significant difference between women in therapy with history of incest and women in therapy without incest history with regard to demographic characteristics, word choices describing childhood, and current reported problems?

Although the incest and non-incest groups were similar on most demographic items, analysis of family background and childhood

experiences indicated some differences. For example, separation from the mother occurred at varying rates. Fifteen percent of the non-incest group were separated from the mother at the average age of 11, and this separation lasted approximately 39 months as compared with the 30% of the incest group who were separated from the mother at age 11.5 for about 46 months. In addition, there were four stepfathers in the incest group but none in the non-incest group.

The potentially confounding variable of physical abuse during childhood was eliminated through self-reports by subjects of the type and frequency of discipline and physical punishment experienced as children. Responses from the two groups did not differ markedly.

The difference between the two groups was illustrated by the recollections of the subjects with regard to childhood. All subjects were asked to select words describing the father, the mother, and the home environment during childhood. Subjects in the incest and non-incest groups chose approximately the same number of total words; however, the percentage of positive words used by the two groups differed. Only 28% of the words selected by the incest group were positive, while 63% of the words used by the non-incest group were positive. An analysis of variance was used to compare the incest and non-incest group with regard to the percentage of positive words used. This revealed a significant difference ($F = 28.98$, p .05) between the two groups, as seen in Table 1.

The non-incest group family included the mother described as supportive, caring, and dependable (Table 2), and the father who was

Table 1
One-way Analysis of Variance of Number, Means, and Percentages of Total Positive and Negative Words Used to Describe the Mother, Father, and Home Environment During Childhood For Total, Non-incest, and Incest Groups

Item	Total Group (n=64)	Non-incest (n=34)	Incest (n=30)
Mean no. of words used	23.10	21.70	24.70
Mean of negative words	12.30	13.60	17.80
Mean of positive words	10.80	8.10	6.90
% of positive words	47	63*	28*
% of negative words	53	37	72

* $F = 28.98$
p .0001

Table 2
Percentage of Positive Words Selected to Describe Mother by Total, Non-incest, and Incest Groups

Word	Total (n=64) %	Non-incest (n=34) %	Incest (n=30) %
loving	61	67	33
caring	56	70	30
dependable	52	76	24
helpful	50	75	25
strong	44	61	39
healthy	42	74	26
accepting	42	62	37
affectionate	41	69	31
normal	39	68	32
supportive	34	91	9
fair	34	68	32
happy	25	69	31
Total =	333	235	98
Mean =	5.2	6.9	3.2

Table 3
Percentage of Positive Words Selected to Describe Father by Total, Non-incest, and Incest Groups

Word	Total (n=64) %	Non-incest (n=34) %	Incest (n=30) %
strong	53	47	60
loving	44	64	36
dependable	39	76	24
caring	39	68	32
supportive	37	62	37
affectionate	37	50	50
healthy	37	67	33
happy	36	56	43
normal	33	71	28
fair	33	76	24
helpful	31	70	30
accepting	23	87	13
Total =	284	184	100
Mean =	4.4	5.4	3.3

remembered as fair, loving, caring, and helpful (Table 3). The home was recalled as safe, friendly, and peaceful (Table 4).

The profile of the incest group family differed. The mother was remembered as distant, rejecting, cold, and angry (Table 5), and the father was recalled as abusive, aggressive, demanding, and unstable (Table 6). Home was described as isolated, unstable, and violent (Table 7).

Another significant difference between the two groups was the number of current problems reported. From a list of 22 problems, subjects were asked to identify which, if any, they were currently experiencing. The incest group reported many more current problems than the non-incest group as seen in Table 8 ($\underline{t} = 6.3$, p .001).

The type and intensity of problems also differed. All of the problems except anxiety were reported much more frequently by the incest group (Table 9). In addition, problems with drinking and drugs were reported only by the incest group. The complaints of the incest group subjects focused on fear, depression, guilt, loneliness, suicidal ideation, sleep disturbance, sex, parenting, and the mistrust of other, especially men.

2. Is there a significant difference between women in therapy with incest history and women in therapy without incest history with regard to self-concept, as measured by the Total Positive score and/or the eight subscale scores of the TSCS and/or with regard to sex-role orientation, as measured by the BSRI?

Nine comparisons were made between the incest and non-incest groups using the Total Positive score of the TSCS and the following subscale scores: Identity, Self-Satisfaction, Behavior, Physical Self,

Table 4
Percentage of Positive Words Selected to Describe Home by Total, Non-incest, and Incest Groups

	Total (n=64)	Non-incest (n=34)	Incest (n=30)
Word	%	%	%
safe	50	74	23
friendly	20	75	25
predictable	20	70	30
warm	17	65	35
wealthy	5	60	40
peaceful	5	82	18
Total =	99	71	28
Mean =	2.9	2.0	.93

Table 5
Percentage of Negative Words Selected to Describe Mother by Total, Non-incest, and Incest Groups

	Total (n=64)	Non-incest (n=34)	Incest (n=30)
Word	%	%	%
unhappy	53	35	64
nervous	48	52	48
depressed	39	36	64
distant	39	12	84
passive	36	43	56
ill	36	29	43
weak	34	27	73
angry	34	23	77
demanding	30	53	47
rejecting	30	16	84
cold	22	6	40
aggressive	22	35	65
unstable	17	55	45
abusive	14	11	88
violent	11	0	100
alcohol problem	9	23	66
drug problem	8	40	60
Total =	309	104	205
Mean =	4.8	3.0	6.8

Table 6
Percentage of Negative Words Selected to Describe Father by Total, Non-incest, and Incest Groups

Word	Total (n=64) %	Non-incest (n=34) %	Incest (n=30) %
demanding	51	32	73
distant	42	52	48
unhappy	37	46	54
angry	34	32	68
rejecting	33	38	62
abusive	33	14	86
cold	30	36	63
alcohol problem	30	26	74
weak	30	33	67
violent	26	12	88
aggressive	25	22	77
unstable	23	27	73
depressed	22	42	57
nervous	19	50	50
ill	16	50	50
passive	11	43	57
drug problem	1	0	100
Total =	297	108	188
Mean =	4.6	3.1	6.3

Table 7
Percentage of Negative Words Selected to Describe Home by Total, Non-incest, and Incest Groups

Word	Total (n=64) %	Non-incest (n=34) %	Incest (n=30) %
unhappy	56	31	69
tense	56	31	69
unstable	36	22	78
isolated	26	24	76
poor	26	29	71
violent	25	0	100
cold	17	27	73
Total =	156	39	117
Mean =	2.4	1.1	3.9

Table 8
Significance Table for Current Problems Reported by Non-incest and Incest Groups

	Non-incest (n=34)	Incest (n=30)
Mean	4.6	10.6
SD	3.1	4.2
t	6.4	6.3 *

* p .001

Table 9
Percentage of Current Problems Reported by Total, Non-incest, and Incest Groups

	Total (n=64)	Non-incest (n=34)	Incest (n=30)
Problem	%	%	%
anxiety	67	53	46
relationships	58	40	59
depression	56	44	55
loneliness	53	44	56
fear	47	30	70
feeling different	44	25	75
sleep problem	37	33	67
shame	37	21	79
sex	36	30	70
trusting men	36	26	74
guilt	36	13	87
eating problem	33	38	62
headaches	31	40	60
bad dreams	28	28	72
flashbacks	23	7	93
suicidal thoughts	22	21	79
parenting	20	31	69
self-cutting	16	30	70
trusting women	14	22	78
spacing out	12	37	63
drinking problem	8	0	100
drug problem	6	0	100

Moral-Ethical Self, Personal Self, Family Self, and Social Self. The findings indicated significant differences between the incest and non-incest groups on the Total Positive score of the TSCS ($F = 12.27$, p .001) and each of the subscale scores (Table 10). Scores on the subscales of Identity ($F = 12.10$, p .001), Self-Satisfaction ($F = 11.43$, p .001), Personal Self ($F = 9.20$, p .01), and Family Self ($F = 14.35$, p .004) accounted for the greatest impact on the level of significance.

A chi-square analysis yielded no significant difference between the groups on sex-role orientation using the BSRI (Table 11). Therefore no further analysis was performed.

3. Is there a relationship between the Total Positive score and/or the eight subscale scores on the TSCS and the number of current problems reported by either the incest group or the non-incest group?

The significance level for all correlations was set at the .05 level. Pearson product-moment correlations between the TSCS and the number of current problems reported on the DII were similar in both groups. Most correlations were significant at the .05 level and negative (Table 12).

4. Within the incest group, are there differences between the Total Positive score and/or eight subscale scores on the TSCS based on the molestation variables as reported on the DII?

Descriptive data were examined associated with each molestation variable and further analyzed in terms of their individual relationships to the TSCS scores. Based on the experience of the researcher, it was suspected that the number of molestors would be an important variable as a basis for examination of the data. As such, correlations were run between the Total Positive score and the subscale scores of the TSCS and

Table 10
One-way Analysis of Variance Results for the TSCS for the Non-incest and Incest Groups

Score	Means Non-incest	Means Incest	F
Total Positive	322.6	296.6	12.27***
Identity	115.6	106.3	12.10***
Self-Satisfaction	101.6	92.8	11.43***
Behavior	105.2	97.4	8.58**
Physical	62.6	57.5	5.52*
Moral-Ethical	69.9	62.4	6.22**
Personal	60.6	55.51	9.20**
Family	64.4	62.6	14.35***
Social	64.8	58.4	8.52**

* p .05
** p .01
*** p .001

Table 11
Chi-Square 2-Way Table of Non-incest and Incest Groups by Bem Sex Role Inventory (BSRI)

Group	1	2	3	4	Total
Non-incest	7	6	14	6	34
Incest	4	3	13	10	30
Total	11	9	27	16	63

Chi-Square 2.719 df 3 Prob.=0.4371

Table 12
Pearson Product Moment Correlations for TSCS and Number of Current Problems for Non-incest and Incest Groups

Score	Non-incest	Incest
Total Positive	-.58 *	-.48 *
Identity	-.53 *	-.43 *
Self-Satisfaction	-.56 *	-.42 *
Behavior	-.53 *	-.53 *
Physical	-	-
Moral-Ethical	-	-
Personal	-.62 *	-.49 *
Family	-.47 *	-
Social	-.53 *	-.50 *

* p .01

the molestation variables and the number of molestors. Suspicions were confirmed when the only significant relationship which emerged was between the number of molestors variable and the Family Self subscale with a correlation of $r = -.70$, $p < .01$. Based on the accumulated data, subgroups were identified as follows as a basis for further analysis: single molest (SM), denoting the 12 women who had been abused only by the father or stepfather; dual molest (DM) denoting the 6 women who had one additional molestor to the father or stepfather; and multiple molest (MM), denoting the 12 women who were abused by 2 or more additional persons besides the father or stepfather.

Means of the Total Positive score and all subscale scores of the TSCS suggested some differences among the three subgroups (Table 13). A one-way analysis of variance was employed to determine the strength of these differences. Consistently, the SM subgroup scores exceeded those of the other two subgroups. As shown in Table 14, scores on three subscales, Moral-Ethical, Family, and Behavior, were significantly different.

Results of Scheffe's test for variables provided additional support for the distinctiveness of the three subgroups, as shown in Tables 15, 16, and 17.

5. Within the incest group, are there relationships between demographic characteristics, word choices describing childhood, and current reported problems and the molestation variables?

Further examination of the molestation variables revealed several general patterns common to a majority of victims as reported in the study. Results indicated a strong relationship between the age of onset

Table 13
Tennessee Self-Concept Scale Mean Scores for Incest Subgroups

Score	Single Molest (n=12)	Dual Molest (n=6)	Multiple Molest (n=12)
Total Positive	325.9	271.0	293.4
Identity	116.8	97.1	105.0
Self-Satisfaction	100.5	86.6	91.5
Behavior	108.5	87.1	96.7
Physical	62.9	55.6	54.2
Moral-Ethical	71.4	57.3	58.5
Personal	60.2	48.1	58.2
Family	66.0	55.5	66.5
Social	65.2	54.3	55.7

Table 14
One-Way Analysis of Variance of TSCS Scores for SM,DM, and MM Incest Subgroups

Score	SS	df	MS	F value
Total Positive	14293.15	2	7146.57	3.04
Physical	212.49	2	106.24	0.87
Moral-Ethical	804.94	2	402.47	4.32*
Personal	610.76	2	305.38	1.88
Family	1074.99	2	537.50	5.93**
Social	623.37	2	311.68	1.92
Identity	1864.90	2	932.45	2.87
Self-Satisfaction	963.60	2	481.80	1.35
Behavior	2065.35	2	1032.68	4.71**

* p .05
** p .01

Table 15
Scheffe's Test for TSCS: Moral-Ethical Self Subscale for Incest Subgroups

Group Comparisons	Differences Between Means
SM-MM	6.083
SM-DM	14.083 ***
MM-DM	8.000

Note: comparisons significant at the 0.05 level are indicated by '***', df = 24, MSE =93.0938, and critical value of t = 1.84468

Table 16
Scheffe's Test for TSCS: Behavior Subscale for Incest Subgroups

Group Comparisons	Differences Between Means
SM-MM	13.50
SM-DM	21.33 ***
MM-DM	7.83

Note: comparisons significant at the 0.05 level are indicated by '***', df = 24, MSE = 219.326, and critical value of t = 1.84468

Table 17
Scheffe's Test for TSCS: Family Self Subscale for Incest Subgroups

Group Comparisons	Differences Between Means
SM-MM	10.583
SM-DM	13.750 ***
MM-DM	3.167

Note: comparisons significant at the 0.05 level are indicated by '***', df = 24, MSE = 90.684, and critical value of t = 1.84468

and duration of the molest: the younger the victim was when the incest began, the longer it lasted ($r = .77$, p .001). The duration of the molest was also related to frequency of occurrence ($r = .51$, p .008). And in addition, the more frequent the molest, the younger the individual was at the time the molest began ($r = .70$, p .0001). Women molested as very young children reported the greatest impact, and the victims of the earliest and most frequent molest experienced the greatest impact ($r =$ .48, p .01).

As the number of molestors increased, a similar increase was noted in the number of sexual activities, the amount of force used, the frequency of the abuse, the duration, and decreased age of onset.

The molestation activities most frequently engaged in were fondling of breasts which was reported by 80% of the incest subjects, followed by genital fondling which was reported by 66% of the subjects (Table 18). Less than 40% of the incest group experienced oral sex or attempted/completed intercourse. Twenty-five percent were raped, and 17% were subjected to anal sex.

Correlations between occurrences of incidence of various sexual activities revealed several patterns. Watching the victim undress or bathe was related to hugging in a sexual way, ($r = .49$, p .005), to fondling the victim's genitals ($r = .46$, p .009), and to intercourse (r = .47, p .008). Exposure of the father's genitals was related to fondling his genitals, ($r = .71$, p .001) and to oral sex ($r = .52$, p .003). French kissing was related to the father exposing his genitals (r = 43., p .003), to the victim fondling his genitals, ($r = .66$, p .0001)

Table 18
Incidence of Sexual Activities as Reported by Incest Group and Subgroups

Activity	Total (n=30) %	SM (n=12) %	DM (n=6) %	MM (n=12) %
breast fondling	80	66	83	92
fondled your genitals	66	58	83	67
hugged in sexual way	60	33	100	67
exposed himself to you	60	50	67	67
french kissing	50	25	83	58
watched you undress	47	25	66	58
watched you bathe	47	25	66	58
fondled his genitals	43	42	33	50
oral sex	40	33	67	33
attempted intercourse	40	17	67	50
completed intercourse	33	25	50	33
rape	25	8	17	42
anal intercourse	17	8	17	25

Table 19
Percentage of Levels of Force Used as Reported by Incest Group and Subgroups

Force	Total (n=30) %	SM (n=12) %	DM (n=6) %	MM (n=12) %
no coercion	20	50	17	33
persuasion	37	27	27	45
gifts	17	20	40	40
privileges	30	22	22	55
threats against others	23	43	28	28
threats against you	23	14	28	57
physical force	30	11	55	33

and to oral sex ($r = .52$, p .003). Finally, rape was correlated with anal sex ($r = .47$, p .008).

Correlations between the use of coercion and sexual activities also revealed relationships. Verbal threats against the victim were correlated with intercourse ($r = .61$, p .0003) and with rape ($r = .55$, p .001). The use of physical force was correlated with oral sex ($r = .74$, p .004) and with attempted intercourse ($r = .50$, p .004).

Closer examination of the molestation variables provided further evidence to support the differences in the incest experience depending on the number of molestors involved. Among women molested only by the father or the stepfather (SM), the incest began at age 9.3 years, occurred monthly, lasted 4.5 years, and had an impact rated between moderate and great. Among women molested by the father or stepfather and one additional molestor (DM), the incest began at age 8.5 years, occurred almost weekly, lasted 8 years, and had an impact rated between great and very great. Among women molested by the father or stepfather and two or more molestors (MM), the incest began at age 7.5, occurred weekly, lasted almost 8.5 years, and the impact was reported as very great.

The amount of coercion used to gain compliance also varied among the subgroups (Table 19). Subjects in the SM subgroup experienced the least amount of coercion or no coercion at all. The less coercion used, the less severe was the reported impact ($r = .80$, p .001).

Subjects in the DM subgroup experienced higher levels of coercion. Over 83% of this group reported physical force was used to gain compliance. There was also a significant relationship between the use of

physical force and oral sex and attempted intercourse ($r = .50$, p .05). However, the strongest relationship was evidenced between the amount of physical force used and the introduction of one molestor in addition to the father ($r = .74$, p .05).

Subjects in the MM subgroup reported more physical force than the SM subgroup but less than the DM subgroup. This coincided with responses to questions regarding physical punishment and frequency of punishment during childhood. The SM subgroup and the MM subgroup reported moderate physical punishment once a month or less. The DM subgroup reported moderate punishment once a month or more.

Within the MM subgroup, over one-fourth of the sexual abuse was initiated with physical force, and 33% began as a result of threats against the victim. There were significant relationships between the use of physical force and anal sex ($r = .57$, p .04), between threats against the victim and oral sex ($r = .63$, p .02), and between threats against others and oral sex ($r = .62$, p .02).

The range of sexual activity also differed among the three subgroups. The SM subgroup experienced the least sexually mature activities of the three groups. The molest was characterized by father genital exposure (50%), fondling of the breasts (66%), and fondling the victim's genitals (58%).

The subjects in the DM subgroup experienced sexual activities in addition to those reported by the SM subgroup. Sixty-seven percent of the DM subgroup reported oral sex and attempted intercourse, and 50% reported completed intercourse.

The subjects in the MM subgroup experienced all the activities reported by the other two subgroups. In addition, 42% of the MM victims reported being raped, and 25% reported anal sex. For the MM subgroup there was a very strong relationship between the duration of the abuse and completed intercourse occurring ($r = .90$, p .0009), rape occurring ($r = .90$, p .0009), and anal sex occurring ($r = .75$, p .02).

The DII was also used to gather information about the incest subgroups regarding family and home environment during childhood. Each subgroup differed from one another in the percentage of positive and negative words selected, indicating different perceptions of childhood (Table 20). The older the victim was at the onset of the incest, the more positive were her reported memories of childhood ($r = .94$, p .05). Conversely, the younger the victim was at age of onset, the more the negative words she selected regarding childhood ($r = -.95$, p .04).

Family profiles differed among the three incest subgroups. The SM mother was described as distant, unhappy, and weak (Table 21), with few positive descriptors (Table 22). The father was recalled as demanding and aggressive (Table 23), but also loving, caring, and supportive (Table 24). Home was remembered as tense and unhappy (Table 25). Few positive words were used to describe home (Table 26).

The DM mother was recalled as rejecting, nervous, depressed, and angry. The father was described as abusive, violent, and angry, and home was recalled as cold, unstable, and violent.

Table 20
Number, Means, and Percentages of Total Positive and Negative Words Used to Describe Mother, Father, and Home Environment During Childhood for Incest Subgroups

Item	Incest (n=30)	SM (n=12)	DM (n=6)	MM (n=12)
Mean no. of words used	24.70	24.70	26.10	24.00
Mean of negative words	17.80	16.00	20.10	17.00
Mean of positive words	6.90	8.70	6.00	7.00
% of positive words	28	34	20	27
% of negative words	72	66	80	75

Table 21
Percentage of Negative Words Selected to Describe Mother According to Incest Subgroups

Word	SM (n=12) %	DM (n=6) %	FM (n=12) %
unhappy	75	67	75
nervous	33	67	58
depressed	50	67	50
distant	66	83	67
passive	58	16	42
ill	50	66	25
weak	58	50	50
angry	50	67	58
demanding	25	16	42
rejecting	50	66	50
cold	33	50	42
aggressive	33	33	33
unstable	20	40	40
abusive	37	25	37
violent	43	28	28
alcohol problem	50	50	0
drug problem	0	100	0
Total =	78	50	77
Mean =	6.5	8.3	6.4

Table 22
Percentage of Positive Words Selected to Describe Mother According to Incest Subgroups

Word	SM (n=12) %	DM (n=6) %	FM (n=12) %
loving	42	33	50
caring	33	33	33
dependable	33	33	17
helpful	33	0	33
strong	33	66	25
healthy	17	33	25
accepting	42	50	17
affectionate	33	0	33
normal	25	33	25
supportive	17	33	0
fair	33	17	17
happy	25	33	0
Total =	44	22	33
Mean =	3.6	3.6	2.7

Table 23
Percentage of Negative Words Selected to Describe Father According to Incest Subgroups

Word	SM (n=12) %	DM (n=6) %	FM (n=12) %
demanding	75	83	67
abusive	42	83	66
angry	33	66	58
alcohol problem	67	50	25
violent	50	66	42
rejecting	42	50	42
unhappy	25	66	50
cold	42	50	33
distant	50	66	25
aggressive	58	50	58
unstable	16	33	58
depressed	25	33	25
weak	16	33	33
nervous	16	16	25
ill	18	16	25
passive	8	33	8
drug problem	0	0	8
Total =	69	48	78
Mean =	5.7	8.0	6.5

Table 24
Percentage of Positive Words Selected to Describe Father According to Incest Subgroups

	SM (n=12)	DM (n=6)	FM (n=12)
Word	%	%	%
strong	50	66	66
affectionate	50	16	42
loving	42	0	42
happy	42	16	33
supportive	25	16	25
healthy	33	16	25
caring	42	0	25
helpful	25	16	16
normal	33	16	8
fair	33	16	0
dependable	25	0	25
accepting	8	0	8
Total =	51	7	38
Mean =	4.2	1.2	3.2

Table 25
Percentage of Negative Words Selected to Describe Home According to Incest Subgroups

	SM (n=12)	DM (n=6)	FM (n=12)
Word	%	%	%
unhappy	67	100	92
tense	83	66	92
unstable	50	83	58
isolated	50	17	50
poor	42	17	50
violent	58	66	42
cold	25	34	25
Total =	45	23	40
Mean =	3.7	3.8	4.0

Table 26
Percentage of Positive Words Selected to Describe Home According to Incest Subgroups

Word	SM (n=12) %	DM (n=6) %	FM (n=12) %
safe	8	17	42
friendly	16	0	42
predictable	16	34	17
warm	16	17	25
wealthy	8	17	0
peaceful	8	0	9
Total =	9	5	14
Mean =	.75	.83	1.1

The MM victim remembered her mother as unhappy, weak, and passive, and she described her father as demanding, aggressive, and abusive. She recalled her home as unhappy, tense, and violent.

The DII also gathered information on the effects of the molestation variables on psychological functioning regarding current problems reported. The three incest subgroups differed from one another regarding the report of current problems (Table 27). Subjects in the SM subgroup reported fewer problems ($\bar{x}$ = 9.1) than subjects in the other two subgroups. The DM subgroup reported the most problems within the subgroups ($\bar{x}$ = 12.5). Subjects in the MM subgroup reported an average of 11.0 problems.

Table 27
Percentage of Current Problems Reported by Incest Subgroups

	SM (n=12)	DM (n=6)	MM (n=12)
Problem	%	%	%
anxiety	58	67	75
relationships	83	83	58
depression	67	83	58
loneliness	50	83	67
fear	58	83	75
feeling different	67	83	67
sleep problem	50	63	50
shame	58	86	58
sex	58	33	58
trusting men	50	100	42
guilt	67	63	67
eating problem	42	0	66
headaches	50	33	33
bad dreams	25	63	50
flashbacks	18	33	75
suicidal thoughts	8	63	50
parenting	16	50	33
self-cutting	8	33	33
trusting women	17	33	33
spacing out	8	33	16
drinking problem	8	50	8
drug problem	0	33	16
Total =	110	75	133
Mean =	9.1	12.5	11.0

CHAPTER FIVE
DISCUSSION, IMPLICATIONS, AND RECOMMENDATIONS

The purpose of this study was to provide information on the long-term effects of father or stepfather daughter incest on adult functioning. More specifically, this research focused on the self-concept and sex-role orientation of the victim, and the resultant impairment produced by the molestation variables associated with the molest. Exploration of these areas of inquiry was done by comparing women in therapy with and without incest history.

Discussion

Five research questions gave the basis for this study. This section is organized accordingly.

1. Is there a significant difference between women in therapy with history of incest and women in therapy without incest history with regard to demographic characteristics, word choices describing childhood, and current reported problems?

Significant differences were found between the incest and non-incest groups with regard to selected demographic variables. Major differences were found between the incest and non-incest groups with regard to memories of childhood as illustrated by responses on the word choice questions, and psychological distress as indicated by selection of current problems reported.

In general, the non-incest group recalled a home they described as safe, friendly, and peaceful with a mother who was supportive, caring, dependable, and helpful, and a father who was dependable, fair, helpful, loving, and caring.

The profile of the incest group family differed sharply by contrast. Home was remembered as unstable, isolated, and violent. Mothers were described as rejecting, cold, angry, and unhappy, and fathers were recalled as abusive, aggressive, unstable, and demanding.

Based on these findings, the non-incest home offered many psychological advantages over the incest home such as a nurturing, safe, and peaceful environment condusive to normal growth and development.

The incest group also reported more numerous and more severe problems than those reported by the non-incest group. These results support previous research which found increased pathology among incest victims in therapy when compared with non-incest subjects in therapy (Briere, 1983; Meiselman, 1979). Early childhood experiences of the incest victim left wounds which appeared in the adult as personal and interpersonal problems.

On the personal level, the problems they reported focused on fear, depression, guilt, loneliness, and sleep disturbance. Self-rejection and feelings of worthlessness were exemplified in the suicidal ideations expressed among members of this group.

Interpersonally, the problems they reported focused on sex, parenting, and the mistrust of others, especially men. Obviously, intimacy in

relationships is seriously effected by these problems. The scars of childhood heal slowly.

The non-incest group fared much better by comparison. The ego-strength and self-esteem forged in a more normal childhood produced adults with fewer and less serious problems. The chief complaints of subjects in the non-incest group were anxiety and loneliness. Both of these problems are experienced by most adults at various times in response to stress, change, or loss. The problems of the non-incest group in no way reflected the impaired psychological development or self-hate apparent in the incest group.

2. Is there a significant difference between women in therapy with incest history and women in therapy without incest history with regard to self-concept as measured by the total score and the eight subscale scores of the TSCS and/or in regard to sex-role orientation as measured by the BSRI?

The women with incest history gave evidence of a poor self-concept as indicated by the Total Positive score and all subscale score of the TSCS. Therefore, the incest experience had a particularly detrimental effect on self-concept. Women with incest history had more problems with identity formation and ego strength, and felt less worthy and more inadequate than women without incest history. Subjects in the incest group were also less self-accepting and felt less valued as family members.

Diminished scores on the Identity subscale indicated the developmental damage experienced by the incest victim. Identity is the basic sense of self, integrity, and individuality which is the result of the individual's interactive process of growth within the environment. It

has been suggested that the individual develops in a somewhat orderly fashion according to a schedule of specific developmental stages associated with life tasks which must be resolved in order for the individual to develop fully (Erikson, 1950). Feelings, needs, behaviors, roles, skills, and purpose provide a core which dictates feelings of worth, self-acceptance, competence, or worthlessness. Incomplete resolution of these early developmental tasks upon which the foundation of self is based make it difficult for the individual to cope with intimacy, individuality, and independence.

The depressed scores on the Self-Satisfaction and Personal Self subscales further emphasized the feelings of worthlessness and inadequacy experienced by adult incest victims. These results coincided with other studies in which the incest victim exhibited an overwhelming belief that she was evil and wicked, and she reported feeling used, dirty, and branded (Giaretto, 1976; Herman & Hirschman, 1981). This contempt for self was learned early. Often she felt she was to blame for the incest. These feelings of low self-worth resulted in a sense of shame, of being different, and of being bad. The individual hid behind a wall of distrust and humiliation and remained isolated and lonely.

The low scores on the Family Self subscale illustrated the effects of being raised in an abusive home. A sense of abandonment and betrayal emanating from the abuse was reflected in feelings of not being valued as a family member.

Previous findings have indicated that women with incest history experience problems related to self-esteem more intensely than women

without incest history (Herman & Hirschman, 1981; Meiselman, 1978; Tsai, Feldman-Summers, & Edgar, 1979). Given the similarity of the two groups in this study, this finding emphasized the impact of incest on self-concept and psychological functioning.

Significant differences were expected between the two groups on sex-role orientation based on reports in the literature linking sex-role orientation with identity problems, problems with intimate relationships, and with low self-esteem (Bem, 1977; Flaherty & Desek, 1980; Orlofsky, 1977). Contrary to expectations and to other reports in the literature, no such difference was identified between the incest and non-incest groups with regard to sex-role orientation, as measured by the BSRI.

3. Is there a relationship between the Total Positive score and/or the eight subscale scores on the TSCS and the number of current reported problems of either the incest group or the non-incest group?

The number of current reported problems reported by the subjects in each group were related to the Total Positive score and subscale scores of the TSCS. It was expected that the incest group would give evidence of lower scores on most of the subscale scores of the TSCS relative to the number of current problems reported. This was not the case. The more problems experienced by the individual, the lower the self-concept regardless of group affiliation. This finding affirms that women in therapy in general have problems associated with self-concept. However, incest victims consistently reported more frequency and variety of problems.

4. Within the incest group, are there differences between the Total Positive score and/or the eight subscale scores on the TSCS based on the molestation variables as reported by the DII?

Differences among members of the incest group were very obvious on the TSCS when circumstances of the molestation were considered. The single most important variable influencing the TSCS score was the number of molestors. Three distinct subgroups of victims were identified based on the number of molestors additional to the father or stepfather. Each subgroup had a unique clinical syndrome. The single molest group (SM) was composed of subjects in the incest group who had been molested by the father or stepfather only, the dual molest group (DM) included subjects who had been molested by the father or stepfather plus one additional abuser, and members of the multiple molest group (MM) had been assaulted by father plus two or more additional molestors.

Obviously, the self-concept of women who have had an incest experience is much lower than women who have not been molested. But when the nature of the incest experience is examined, women who were molested by father or stepfather only, suffered less trauma than those in the multiple molest group.

The SM victim most often served as a sexual replacement for the mother. Although the incest was an exploitation of a pre-adolescent daughter's psychosexual development, it appeared to have been less damaging to the victim's self esteem. The subject was seduced by a father described in the literature as about 40 years old who appears as a "caricature of an adolescent courting his daughter" (Rist, 1979, p. 686). Her "suitor" did not rush her, nor physically harm her. Rather he prized her, protected her from other would-be molestors, and kept her for himself. It was a situation in which "fatherly and sexual love are

intermingled" (Cormier et al., 1962, p. 208). She was special to him and occupied a privileged place in the family; this met some of her self-esteem needs. Also because she was older, she had the opportunity to complete some of the early developmental tasks necessary for a sense of identity and self-esteem.

Although this molest implied a disturbance in the parent-child relationship, the child's development was less threatened, and the individual experienced less psychological impact than was experienced by those in the dual and multiple molest groups.

The introduction of additional molestors changed the incest situation drastically and produced higher levels of trauma. DM and MM victims appeared to suffer more. This might be explained by the different positions each victim occupied within the family.

The DM victim did not experience the incest as a gentle seduction by a courting father who regarded her as special, who protected her from others, and who kept her for himself. Rather her experience was a forceful assault which included humiliation and rage. The DM victim was not told, and the SM had been, that the abuse was an expression of love. Nor was she convinced by the abuser that he was trying to save the family and she had to help him by serving as a sexual surrogate for the mother.

The DM subgroup distinguished itself by diminished scores on the Behavior and Moral-Ethical Self subscales of the TSCS in comparison with the scores of the SM victim. This emphasized their feelings of worthlessness and their conflicts regarding their behaviors. Because the DM victim was not duped into believing she was being abused because she was

loved, or that the activity was morally right, feelings of worthlessness and conflicts about her role were emphasized. This was evident in the low scores of the DM subgroup. The DM victim did not occupy the special position within the family, and she accrued few privileges from her pain. Precisely because she was not prized by her family, she did not experience the positive reinforcements associated with being highly regarded, cared for, and nurtured by adequate parents.

Because the DM victim was molested at an earlier age than the SM victim, she did not have the same opportunity to establish mastery over the developmental tasks associated with childhood development. In addition, more violence was involved as well as more age-inappropriate sex acts. The assault was seen as a betrayal by a trusted adult in which she was used as an interchangeable object of little worth.

Subjects in the MM subgroup also fared poorer than the SM subgroup on the TSCS. The nature of the MM experience was such that it appeared impossible for the victim to have had the positive childhood experiences necessary for developing a good self-concept. There were several potentially traumatic factors associated with the multiple molest which effected her self-concept. The assault was processed as a painful, frightening event rather than the subtle seduction experienced by the SM victim.

The child's normal developmental process was altered because of the trauma. Because she was so young, the MM victim had neither the intellectual nor the emotional coping skills to understand the event. She was

not able to integrate the experience which was premature to her physical and psychosexual development.

Her membership in a non-nurturing environment compounded the incest experience. The MM victim never occupied a special place in the family which might have produced some feelings of self-worth. She was unsupported during and after the time of the molest. The accumulation of unmastered life tasks contaminated each successive developmental stage and resulted in a fragile self-concept which relied on repression and denial of reality for survival purposes. She was traumatized to the point of becoming numb. She accepted the world as unpredictable and chaotic and adjusted accordingly by capitulation and acquiescense. The MM victim became a casualty of a catastrophic background.

The diminished scores of the MM subgroup on the Family Self subscale in comparison to those reported for the SM victim, emphasized the sense of abandonment experienced by the MM incest victim. The early deprivation and frustration of basic needs resulted in a generalized mistrust of others which was incorporated into a mistrust of self that emerged as a lack of self-confidence and low self-esteem. The family environment, which lacked nurturance and caring, did not provide her with the necessary information or adequate parental role-modeling to prepare her for the role of parent herself. It may be the MM victim who becomes the "incest carrier" to the next generation if no therapeutic intervention occurs.

A detailed profile of these subgroups based on the information in this study appears in the Appendix D.

5. Within the incest group, are there relationships between demographic characteristics, word choices describing childhood, and current reported problems and the molestation variables?

A major finding of this study was the identification of the "number of molestors" variable which had heretofore been ignored. This variable was associated with the other molestation variables including age of onset, frequency and duration of the incest, sexual activities performed, and the amount of force used. This finding serve as an organizing framework for further investigation.

Some common characteristics were associated with father/stepfather daughter incest in general. For example, the earlier the onset of incest, the more frequently it occurred, and the longer it lasted.

Over one-half of the sexual activity focused on the fondling or activities considered less invasive such as watching the victim bathe. Less than one-half the group experienced oral sex, attempted or completed intercourse, rape, or anal sex.

Although french kissing and hugging in a sexual manner may appear to be less invasive abuses, they most often led to more serious assaults. For example, french kissing was highly correlated with the father exposing his genitals, with the victim fondling his genitals, and with oral sex. Watching the victim undress and/or bathe was not at all a harmless activity since it resulted in hugging in a sexual way which led to fondling the victim's genitals, oral sex, and intercourse. The father exposing his genitals was related to the victim fondling his genitals and with oral sex. And the most invasive, age-inappropriate and damaging activities of rape and anal course were related. In general, there were

no isolated acts which did not escalate into more sexually sophisticated activities.

The most developmentally deviant sex acts were accompanied by increased levels of force and the introduction of more abusers. Physical force was often used to gain compliance with oral sex and attempted intercourse. Verbal threats against the victim were common in forcing her to participate in with intercourse and rape.

Hence no sexual activity, even those activities on the low end of the continuum of invasiveness such as watching the victim bathe, were harmless. Rather, all were potentially devastating. Each level of inappropriate behavior was a prelude to the next. These behaviors were compounded when the child was younger, less physically or psychologically developed, and more vulnerable.

All sexual activity with the father was detrimental to the victim. There were no instances reported in which negative impact was absent. However, not all victims of father/stepfather daughter incest had the same experience. Rather, subjects were differentially effected by the incest experience. The older the daughter was when the incest began, the more likely it was she was molested only by the father or stepfather. The addition of the dual molestor to the incest introduced higher levels of force into the situation and increased the negative impact. Women who sought therapy for problems associated with father daughter/stepfather daughter incest did not share a common experience. Differences were apparent among the three incest subgroups relative to the molestation experience. Introduction of an additional abuser or abusers to father or

stepfather suggest a more serious trauma. The impact of the single molest by father or stepfather was evaluated as less serious than assaults experienced by the DM and MM victims.

Single molest incest was less damaging that the multiple molest experiences because of the context of the abuse. The molest was subtle rather than assaultive. Because the molest began when the victim was older, the ego was more mature, and the excitement engendered did not create the level of heightened anxiety and fear which would have occurred at an earlier age. This study corroborates previous findings that the more pleasure and less pain associated with the molest, the less deviation there was in normal development (Stelle & Alexander, 1981).

The SM subject experienced the least developmentally deviant or perverse sexual activities as a part of the seduction which included very little force. Because the sexual activity was initiated in a subtle fashion without force, was consonant with the victim's psychosexual developmental stage, and followed the normal pattern of courtship, less developmental damage was incurred. The sexual activity was primarily confined to breast and genital fondling. The molest of the SM was less frequent than that of the DM or MM subjects, and it was of the shortest duration.

The DM molest was initiated by the father at an earlier age that the SM molest. Victims of dual molestors had a much higher incidence of incest introduction through physical force that either of the two other subgroups. More developmentally deviant sexual activities with elevated

force, frequency, and duration were experienced. Oral sex was frequently accompanied by threats against the victim or threats against others.

The MM incest experience began the earliest of the three subgroups and included the most sexually age-inappropriate and deviant activities. The molestation was associated with the highest reported frequency, and was of the longest duration with elevated incidence of force used. There was a higher incidence of all types of sexual activity in addition to increased reported of attempted and/or completed intercourse, rape, and anal sex.

Family profiles of the three incest subgroups further emphasized the differences that existed among the three incest subgroups.

The SM home was described as tense and unhappy, and it resembled the classic incest home described in the literature (Nakashima & Zakus, 1977). The mother was remembered less positively and more negatively that the father. She was described as distant, unhappy, and weak. Although father was remembered as demanding and aggressive with an alcohol problem in one-half of the cases, he was also recalled as loving, caring, and supportive. This somewhat positive posture toward the family is totally missing from the multiple molest subgroups. There was a measure of stability and predictability that was absent in the homes of the dual and multiple molest victims.

The DM group had the most negative memories of the parents of the three subgroups. Mother was recalled as a rejecting, nervous, depressed, unhappy, and angry woman who neither nurtured nor protected her daughter from a demanding, abusive, violent, angry, and distant father. Unlike

the SM group, the subjects in the DM group recalled almost no positive memories of father. His brutal betrayal left an indelible negative impression. The non-nurturing environment was obvious in the victim's memories of home as unstable, cold, and violent.

Memories of parents for the MM group were less positive than SM group but not as negative as the DM group. Repression of unhappy memories of parents may have been operant as a coping mechanism. Mother was remembered as unhappy, weak, and passive, and father was described as demanding, aggressive, and abusive. However, the MM victim remembered home with the most negative memories expressed by any of the groups. The chaotic atmosphere was obvious in her description of home as unhappy, tense, and violent.

None of these childhood family experiences remembered by any of the three subgroups can be considered positive or condusive to a secure atmosphere in which a child could develop. However, the SM victim certainly experienced more stability and less rejection of violence than other victims, which gave her a firmer psychological foundation.

Based on childhood experiences, it is not surprising that the SM subjects reported the fewest current problems. Problems focused on relationships, depression, and guilt possibly resulting from the context of a molest which was so subtle a progression, that the initiations were not always apparent. In many cases, SM victims felt responsible for the molest precisely because of the insidious manner of the abuse which masked the true dynamics of the situation. The subtle process created a situation in which the victim blamed herself for encouraging the molest

or for not stopping it. Disturbed sexual relations because of guilt over sexual activities with the father were common for these victims. Retrospective feelings of shame persisted into adulthood.

The DM subgroup reported the most severe current problems of the incest subgroups. Internalized anger was expressed in self-destructive behaviors such as self-cutting and suicidal thoughts. Substance abuse was concentrated in this subgroup. The rapacious intrusions of the assaults resulted in the DM subjects exhibiting the most severe pathology evidenced by the three subgroups. No one in this group trusted men.

Current problems reported by the MM subgroup focused on aspects of insecurity and fear which is logical, given the early home environment and life experience. Repression was a major coping mechanism for the MM victim. The overpowering sense of powerlessness of her early home situation robbed of her senses and made her memories mute. The indicators of intrapsychic stress were manifested in flashbacks. Fear and heightened anxiety were constant companions to these victims of catastrophe. The helplessness of the victim in the unpredictable home where no contingency punishment or reward system was employed, resulted in the deficient development of life skills, a passive and submissive orientation to life, and an external locus of control.

Implications

The findings of this study illustrated the developmental damage to the ego and identity of incest victims which, without appropriate treatment, leads to poor adult adjustment, problems with relationships, and

lack of life satisfaction. This study also provided evidence that father/stepfather daughter incest is a major category of sexual abuse with differing circumstances which produce varied sequelae among victims according to the number of molestors involved. All factors altered with multiple molestation. The developmental damage differed among the groups, with increased harm verified in the dual and multiple molest subgroups. Three clinical syndromes were identified with different treatment issues for each category.

This study has implications for developing a theory of victimization which would recognize the importance of the deficits in growth and development based on the age at which victimization occurs and related molestation characteristics. These deficits are associated with the failure to master the life tasks or clusters of tasks pertinent to the particular stage of development at which the trauma of incest occurs. Such a theory would provide principles which would influence practice.

A framework for classification of various clinical syndromes associated with incest based on the developmental model should be developed in order to create an adequate assessment mechanism. Such a framework would provide a conceptual basis for a treatment plan which could include therapeutic goals aimed at alleviating the deficits associated with the different kinds of incest based on developmental damage.

There are also major implications for training. There is a need to train caregivers to determine the kind of incest which the client presents and the developmental deficits associated with the clinical syndrome. They must be trained to analyze the chronological deficits in

order to provide a conceptual basis for development of a treatment plan aimed at alleviating the problems associated with the different kinds of incest.

Educational institutions should prepare caregivers to treat incest victims. They should incorporate the broad area of victimology in the curriculum in order to begin to prepare professionals to deal with the increased population of victims seeking services.

There are several implications for practice. Caregivers need to recognize the incest occurs during the process of growth and development of the child. The particular time of occurrence interferes with the child's mastery of the tasks and life skills appropriate to the stage of development at which the incest ensued. Each developmental task must be mastered in order that mastery of sequential tasks can be attempted. Incomplete resolution of developmental tasks results in impairments detrimental to the proper growth and development of the individual. For example, if the incest occurs during the stage of development in which trust is normally established, then deficits in the ability to establish trust which is the basis for all intimate relationships can be assumed. Trust therefore becomes a treatment issue in the therapeutic process.

Counselors should utilize a human development model which incorporates recognition of these deficits. This would provide a framework for assessment and would offer a system of guidelines for adequate treatment. Integration of developmental issues as therapeutic goals into the treatment plan could be helpful to the client in establishing a sense of identity, raising self-esteem, and reducing psychological impairments.

Caregivers need to be aware that not all incest experiences are the same. They need to be able to assess these differences based on the number of molestors variable in order to develop and execute adequate treatment plans.

For example, counselors need to recognize the different treatment issues associated with the dual molest victim who has experienced violent assaults as part of the molest experience. She has specialized needs based on the brutal betrayal by a trusted adult which may result in conflicts with authorities including caregivers.

In addition, the needs of the multiple molest victim differ from the others. She is more like the casualty of a catastrophe. She may be isolated, frightened, mistrustful, and withdrawn from others and from self through the repression of feeling associated with the pain and terror of her home situation. Because of the denial and repression she has used to cope with her situation, she may appear unharmed by the incest.

Recommendations

A replication of this study should be conducted which includes larger numbers of subjects in each category in order to obtain a broader depth of understanding of the long-term effects of the various types of incest on adult functioning.

There is a critical need for further research to ascertain additional information on the molestation variables. In particular the number of

molestors should be more closely examined. More information needs to be gathered related to the complexity of the circumstances of the incest.

This study would indicate a need for further examination of the relationship of sex-role orientation and the incest experience. Particular attention should be paid to selection of an instrument suitable for discerning orientation differences among individuals.

APPENDIX A
LETTER TO THERAPISTS

2408 S.W. 8th Drive
Gainesville, Florida, 32601
June 5, 1985

Dear Colleague,

As part of the requirements for completion of a Ph.D. in the University of Florida Department of Counselor Education, I am conducting a study to determine some of the effects of incest on adult functioning. The purpose of the study is to determine the self-concept and sex-role orientation of adult women victims. Variables of the experience will be explored to determine the effects of the molestation on psychological functioning. This information will hopefully provide the basis for improved assessment, diagnosis and treatment of adult victims. Those of us in the field recognize the paucity of research in this area.

Because you are a professional in the field, I have contacted you. As you know, this is a difficult population to study since the shame and stigma surrounding the experience inhibits victims from coming forth to offer information. In addition, the experience often predisposes the victim to be wary of others and indeed mistrustful. Professionals who have established a therapeutic relationship with victims are therefore invaluable to the progress of research. I am contacting a limited number of interested professionals from around the country to elicit participation.

All that is requested of you is to explain to your women clients, both victims and non-victims, that I am studying the impact of incest on adult psychological functioning and interpersonal relationships and ask if they would be willing to participate. Please give each willing participant a research packet. They can return them to me in the self-addressed stamped envelope provided. Participants identity will be protected since no information will be collected that can be traced to any individual.

Since only paper and pencil activity is required, I anticipate no distressing or damaging effects. However, should any problem arise, I will be available for consultation. As you can see, your assistance is vital in reaching this population. I will be glad to make my report available to you upon completion.

Thank you for the time you have taken to read my request. I will be contacting you in about one week to see if you are able to assist me. Enclosed is the research packet for your perusal.

Sincerely,

Claire P. Walsh

APPENDIX B
LETTER TO VOLUNTEERS

2408 S.W. 38th Drive
Gainesville, Florida, 32601
June 5, 1985

Dear Volunteer,

The purpose of this study is to learn more about the impact incest has on the lives of adult women. I will be studying the similarities and differences of women in therapy with a history of incest and women in therapy with no incest history. Because incest has been surrounded in secrecy for so long, we know very little about its effects. By bringing incest out into the open to study its causes and effects, we can better help those who are affected by it.

Participation in this study involves about 45 minutes of your time at your convenience. You are asked to complete two tests and one information questionnaire and send them to me in the stamped self-addressed envelope provided. Your participation should involve minimum risk to you. Your identity will be protected since I am asking no information which could identify you. Please do not put your name on any of the materials.

Your participation in this study will be voluntary so you will not be paid. However, the benefit you will receive is the personal satisfaction of helping. Your cooperation in this study is crucial if we are to learn more about how to help those who have experienced incest and how to prevent it from happening to others. If you wish a summary of the results of this study after its completion, you may contact me and I'll be glad to furnish you with one.

Your decision whether to participate or not will in no way affect your relations with your therapist. You are free to discontinue in the study at any time without penalty.

If you have any questions, please contact me. Your questions and comments are welcomed. Your return of this packet indicates your consent to be a part of this study. Thank you so much for taking the time to help.

Sincerely,

Claire P. Walsh

APPENDIX C
DEMOGRAPHIC INFORMATION INVENTORY

INFORMATION INVENTORY

1. Date of birth _____

2. Race
   _____ white
   _____ black
   _____ Hispanic
   _____ Asian
   _____ Native American

3. Marital status
   _____ single
   _____ married How long? _____
   _____ separated How long? _____

4. Previous marriages

length of marriage	year ended	How ended?(divorce, death, etc.)
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Number of children _____

6. Family income
   _____ 0 - 20,000
   _____ 20,001 - 40,000
   _____ over 40,000

7. Please check your educational background

	attended	graduated
_____	grade school	_____
_____	high school	_____
_____	community college/vocational school	_____
_____	college/university	_____
_____	currently a student	_____

8. Highest degree earned _____

9. How long have you been in counseling with your present therapist?
   _____

10. What is the setting of your therapy?
    _____ community mental health center or other public agency
    _____ university counseling service
    _____ private office

11. Were you in counseling before?
_____yes How long_____
_____no

Family Background

12. As a child what was your usual living situation?
_____with both natural parents
_____with natural mother only
_____with natural father only
_____natural mother and step-father
How old were you when they married? _____
_____natural father and step-mother
How old were you when they married? _____
_____other: specify_____

13. As a child was there a time when you did not live with your natural mother?
_____yes What age?_____ How long?_____
_____no

14. As a child who did you feel closest to?_____

15. Who in your original family do you still have contact with?_____
_____

16. During your childhood and adolescence please describe your mother by using the following list. Please check all words that apply.

_____loving	_____ill	_____distant	_____cold
_____nervous	_____violent	_____affectionate	_____alcoholic
_____depressed	_____passive	_____helpful	_____angry
_____unhappy	_____drug problem	_____dependable	_____strong
_____weak	_____caring	_____unstable	_____abusive
_____demanding	_____supportive	_____rejecting	_____fair
_____aggressive	_____normal	_____healthy	_____happy
_____accepting	_____other:_____		

17. Now please describe your father during your childood adolescence. Check all words that apply.

_____loving	_____ill	_____distant	_____cold
_____nervous	_____violent	_____affectionate	_____alcoholic
_____depressed	_____passive	_____helpful	_____angry
_____unhappy	_____drug problem	_____dependable	_____strong
_____weak	_____caring	_____unstable	_____abusive
_____demanding	_____supportive	_____rejecting	_____fair
_____aggressive	_____normal	_____healthy	_____happy
_____accepting	_____other:_____		

18. Please check the following words which best describe your home when you were growing up.

_____safe	_____tense	_____violent	_____friendly
_____cold	_____unstable	_____poor	_____predictable
_____peaceful	_____isolated	_____warm	_____unhappy
_____wealthy	_____other: specify_____		

19. As a child were you physically punished?
_____never
_____very seldom
_____occassionally
_____often (once a month or less)
_____very often (more than once a week)

20. What kind of physical punishment?
_____none
_____mild (an occassional slap)
_____moderate (usually spankings)
_____severe beatings
_____other: specify_____

21. If you were physically punished, who generally disciplined you?
_____

22. Were you ever injured by these punishments requiring medical care?
_____yes
_____no

23. Was there ever any physical abuse between your parents?
_____never
_____very seldom
_____occassionally
_____often
_____very often

24. Have you been physically abused since you were 18?
_____yes By whom?_____
_____no

Personal Information

The following questions are of a very personal nature but please try to answer them as best you can. Remember, your answers are strictly confidential and there are no "right" or "wrong" answers. No one is making judgments of you.

Sexual abuse during childhood takes many forms and involves many different people. Sometimes it occurs very early in life and at other times not until later. In no case is the child or adolescent to blame. It is the older person who must take responsibility for taking advantage of someone less powerfull or knowledgeable than himself or herself. Unfortunately these experiences of childhood sexual abuse are quite common.

Some of these acts may involve someone watching you undress or bathe to the point you became uncomfortable; kissing you in a sexual way; fondling your breasts; touching your genitals; exposing his or her genitals to you; asking you to touch his or her genitals; attempting intercourse; completing intercourse, and so on.

25. Did you have one of these experiences as a child or adolescent with your natural father?
_____yes
_____no

26. Did you have one of these experiences as a child or adolescent with your stepfather?
_____yes
_____no

If "no", go to question 36

27. How often did the sexual activity occur?
_____once
_____yearly
_____monthly
_____weekly
_____daily

28. How old were you the first time it happened?_____

29. How old were you the last time it happened?_____

30. The following questions pertain to the sexual activities engaged in. Please check all responses which apply.

_____french kissing
_____watched me undress, bathe
_____fondled my breasts
_____you fondled her/his genitals
_____anal sex
_____completed intercourse
_____other: specify_____
_____hugging in a sexual manner
_____exposed himself/herself
_____fondled my genitals
_____oral sex
_____attempted intercourse
_____rape

31. The following statements concern how the sexual activity was started. Please check all that apply.

_____physical force
_____gifts
_____special privleges
_____verbal persuasion (I need to teach you about sex)
_____verbal threats against others (If you don't cooperate, I'll go to your sister)
_____verbal threats against you
_____promises of rewards
_____no coercion was used
_____other: specify_____

32. Who did you tell it was going on at the time?_____

33. What was their response?
_____told me to forget it _____protected me _____blamed me
_____didn't believe it _____made it stop _____supported me
_____blamed him _____other: specify_____

34. Have you told your therapist about the experience?
_____yes
_____no

35. What impact do you think the incest has had on you?
_____very great
_____great
_____moderate
_____little
_____none

36. Did you have childhood sexual experiences with any of the following? Please give a number to each person (1 = first person, 2 = second person, 3 = third person)
____natural mother ____grandfather ____brother ____friend of family
____grandmother ____sister ____stranger ____stepmother
____uncle ____male cousin ____teacher ____aunt
____female cousin ____babysitter ____none
____other: specify_____

If "none", go to question 47

	person #1	person #2	person #3
37. How often did the sexual activity occur?			
_____once	_____	_____	_____
_____yearly	_____	_____	_____
_____monthly	_____	_____	_____
_____weekly	_____	_____	_____
_____daily	_____	_____	_____
38. How old were you when it started?	_____	_____	_____
39. How old were you when it stopped?	_____	_____	_____
40. About how old was the other person?	_____	_____	_____
41. The following statements concern how the activity started. Check all that apply.			
_____physical force	_____	_____	_____
_____verbal threats	_____	_____	_____
_____verbal persuasion	_____	_____	_____
_____gifts	_____	_____	_____
_____no coercion	_____	_____	_____
_____other: specify_____			

	person #1	person #2	person #3

42. The following questions pertain to the sexual activities engaged in. Please check all that apply.

____french kissing	_____	_____	_____
____hugging in a sexual manner	_____	_____	_____
____watched me get undressed,bathe	_____	_____	_____
____exposed himself/herself to me	_____	_____	_____
____fondled my breasts	_____	_____	_____
____fondled my genitals	_____	_____	_____
____you fondled her/his genitals	_____	_____	_____
____oral sex	_____	_____	_____
____anal sex	_____	_____	_____
____attempted intercourse	_____	_____	_____
____completed intercourse	_____	_____	_____
____rape	_____	_____	_____
____other: specify_____			

43. Who did you tell it was going on?_____

44. If you told someone, what was their response?

_____told me to forget it	_____protected me	_____blamed me
_____didn't believe me	_____made it stop	_____supported me
_____blamed him	_____other: specify_____	

45. Have you told your therapist about the experience?
_____yes
_____no

45. What impact has the experience had on you?
_____very great
_____great
_____moderate
_____little
_____none

Current Information

47. Which of the following problems are you now experiencing? Check all that apply.

___anxiety	___fear	___guilt	___shame
___loneliness	___eating	___sleep	___dreams
___flashbacks	___headaches	___drugs	___sex
___fears	___drinking	___depression	___suicidal thoughts
___promiscuity	___relationship	___self-biting	___self-cutting
___feeling different	___spacing out	___trusting men	___parenting
___trusting women	___other: specify_____		

48. Are you in a relationship at this time?
_____yes
_____no

49. How satisfied are you with the relationship?
_____very satisfied
_____somewhat satisfied
_____moderately satisfied
_____somewhat unsatisfied
_____very unsatisfied

50. What is your sexual orientation now?
_____heterosexual
_____homosexual
_____bi-sexual
_____not sexually active

51. Have you have been raped?
_____yes By whom? _____stranger
_____boyfriend
_____friend
_____husband
_____boss
_____neighbor
_____other: specify_____

52. Each of us is a unique individual as a result of our experiences in life and who we are. Each experience of incest is different from the next. Please use the following space to share any thoughts you may have that you would like me to know...

Thank you very much for your interest in this research and your help in making it successful. Your efforts are so important in helping us better understand the effects of incest so that we can develop programs and practices which will result in reducing the pain of incest and preventing it from happening.

Best wishes to you in your recovery.

APPENDIX D
INCEST SUBGROUPS

Incest Subgroups

This study provides evidence that father daughter/stepfather daughter incest is a major category of sexual abuse with differing circumstances which produce varied sequelae. No one in this study escaped psychological damage associated with the exploitation; however, variance in clinical outcomes emerged. Three distinct groups were identified based on the number of molesters involved in each subject's abuse. The number of molestors involved in the abuse emerged as a major molestation variable heretofore unrecognized. All factors alter with multiple molestation. The single molest group (SM) was composed of 40% of the subjects in the incest group who had been singly molested by the father or stepfather only. The dual molest group (DM) was composed of 20% of the subjects, who had been molested by the father plus one additional abuser. The multiple molest group (MM) consisted of 40% of the subjects who had been assaulted by father plus two or more additional molestors.

The three subgroups differed significantly from one another on the following subscales of the TSCS: Moral-Ethical Self, Family Self, and Behavior. In addition the groups differed on the following variables: Total Positive score on the TSCS and all the subscale scores; percentages of positive words used to describe the mother, father and home environment; the molest experience; the impact of the incest; and number and severity of current problems. Personal statements made by subjects

on the DII provided information on the home environment which contributed to the profiles of family presented below.

Single Molest

The single molest group exhibited the highest scores on the TSCS nd reported the least negative memories of childhood. The incest was initiated by the father when the daughter was older. She experienced the least developmentally deviant or perverse sexual activities as part of the seduction which included the least amount of force. The molest was less frequent and was of the shortest duration. The SM victim reported the least number of current problems.

Profile of home and family

The SM home was described as tense and unhappy, and it resembled the classic incest home described in the literature (Nakashima & Zakus, 1977). The mother was remembered less positively and more negatively than the father. She was described as distant, unhappy, and weak. Although father was remembered as demanding and aggressive with an alcohol problem in 50% of the cases, he was also recalled as loving, caring, and supportive. There was a measure of stability and predictability that was absent in the homes of the dual and multiple molest victims.

The molest experience

The SM victim most often served as a sexual replacement for the mother. The incest was an exploitation of a pre-adolescent daughter's psychosexual development. The subject was seduced by a father described in the literature as about 40 years old, often considered a model citizen

who appears as a "caricature of an adolescent courting his daughter" (Rist, p. 68). Her "suitor" did not rush her, nor physically harm her. Rather, he prized her, protected her from other would-be molestors, and kept her for himself.

Because the sexual activity was initiated in a subtle fashion without force, was consonant with the victim's pyschosexual developmental stage, and followed the normal pattern of courtship, less developmental damage was incurred. The sexual activity was primarily confined to breast and genital fondling. It was a situation in which "fatherly and sexual love are intermingled" (Cormier et al., p. 208). She was special to him and occupied a special place in the family. She often had status and power as mother's replacement.

Impact

Single molest incest was less damaging than the multiple molest experiences because of the context of the abuse. The molest was subtle rather than assaultive. Because the molest began when the victim was older, the ego was more mature, and the excitement engendered did not create the level of heightened anxiety and fear which would have occurred at an earlier age. Although this molest implied a disturbance in the parent-child relationship, the child's development was less threatened, and the individual experienced less psychological impact than was experienced by those in the dual and multiple molest groups. This study corroborates previous findings that the more pleasure and less pain associated with the molest, the less deviation there was in normal development (Steele & Alexander, 1981).

SM subjects reported the least number of current problems of the incest subgroups. Reported problems focused on relationships, depression, and guilt which resulted from the context of the molest. In many cases, SM victims felt responsible for the molest precisely because of the insidious manner of introduction to the abuse which masked the true dynamics of the situation. Upon discovery, the father usually blamed the victim for seducing him, claimed he was doing his fatherly duty of educating his daughter in an effort to protect her from sexual exploitation of other, or explained that he had sex with his daughter rather than a woman outside the family in an effort to keep the family together. Her need for normal closeness and affection was exploited and escalated into a perverse affair. Disturbed sexual relations, confusion between affection and sex, and retrospective feelings of guilt and shame persisted into adulthood.

Dual Molest

Subjects in the (DM) group had the lowest score on the TSCS. This group distinguished itself from the other groups by diminished scores on the Behavior and Moral-Ethical Self subscales which emphasized their feelings of worthlessness, and their dissatisfaction with their behaviors. They had the most negative memories of childhood of the three groups. The incest was initiated by father at an earlier age than the SM subjects. More developmentally deviant sexual activities with elevated force, frequency, and duration were experienced. This group reported the most numerous severe current problems of the incest group.

Profile of home and family

Childhood memories of the dual molest victim were drastically different from the SM victim. The DM subject grew up in a home described as unstable, cold, and violent. Mother was recalled as a rejecting, nervous, depressed, unhappy, and angry woman who neither nurtured nor protected her daughter from a demanding, abusive, violent angry, and distant father. Unlike the SM group, the subjects in the DM group recalled almost no positive memories of father. Subjects in this group had the least positive and most negative memories of their parents among the groups.

The molest experience

The DM victim did not experience the incest as a gentle seduction by a courting father who regarded her as special, but rather as a forceful assault which included shock, terror, humiliation, and rage. Because she was not subtly seduced into accepting the activity as educational, as a expression of love, or as an effort to save the family, she experienced the activity as painful and unacceptable. Her experience resembled a violent acquaintance rape in the context (which included unexpected and violent qualities) and in the aftermath. This finding supports others which suggest the assault is seen as a sadistic attack by a trusted adult occurring during the otherwise relatively calm latency period of development (MacVicar, 1979). The incest engendered anger which has not been expiated and was exemplified by the negative memories of childhood.

The molest included more sexually deviant activities for her developmental age level such as attempted and/or completed intercourse,

and oral sex. In 83% of the cases, the incest was initiated with physical force.

The molest subsequent to the father incest occurred when the victim was older and was also associated with increased force and violence. Nevertheless, subjects report the father molest as having had a more severe impact on them.

Impact

The potentially traumatic factor associated with the DM incest is the sense of being used and betrayed. The angry feelings toward the father were generalized to a distrust of all men by every subject. Internalized anger was expressed in self-destructive behaviors such as self-cutting and suicidal thoughts. The rapacious intrusions resulted in the DM subjects exhibiting the most severe pathology evidenced by the three groups.

Multiple Molest

Subjects in the MM group also had lower scores than the SM group on the TSCS, and distinguished itself from the other subgroups by a significantly diminished score on the Family Self subscale. Memories of childhood were less positive than SM group but not as negative as the DM group. This is probably the result of MM subjects having perfected repression and denial as a coping mechanism of survival. The MM incest began the earliest of the three groups and included the most sexually age-inappropriate and deviant activities. The molestation was associated

with the highest reported frequency, was of the longest duration, and was the most violent. Severe problems of psychological adjustment were reported.

Profile of home and family

The MM victim was more likely to have been a member of a multi-problem home in which abuse, neglect, and dysfunctional relationships existed (Nakashima & Zakus, 1977), and where stresses were more severe, intense, and more frequent with the least likelihood of resolution. The climate existed in which all forms of abuse were prevalent, and sexual abuse was likely to occur earlier, more often, and with more violence. It was a home described in the literature in which betrayal, exploitation, deprivation, and rejection were inherent (Steele & Alexander, 1981).

In the multi-problem family structure, the father is the autocratic head of the household and is subject to low impulse control, violence, and alcohol abuse. The mother is submissive, passive, dependent, and depressed. Some suggest that the daughter role models mother's acquiescence to father's domination.

The MM victim remembered home with the most negative memories expressed by any of the groups. She recalled her home as unhappy, tense, and violent. Mother was remembered as unhappy, weak, and passive, and father was described as demanding, aggressive, and abusive.

The molest experience

The MM individual was younger than the subjects in either of the other two subgroups, and the molest was associated with more violence. The sexual acts were developmentally the most deviant. There was a higher incidence of all types of sexual activity in addition to increased reports of attempted and completed intercourse, rape, and anal sex. In 50% of the cases, father was not the initiator of the sexual abuse. However, the abuse initiator was someone the victim knew and was part of the extended family. Even though the father was not the initial molestor, the MM victim rated the molest by the father as having had a more severe impact.

There were several potentially traumatic factors associated with the multiple molest. The assault was processed as a painful, frightening event rather than a subtle seduction. Because she was so young, the MM victim did not have the intellectual or emotional coping skills to understand the event. She was not able to integrate the experience which was premature to her physical and psychosexual development. In addition, her membership in a non-nurturing environment compounded the incest experience. She was unsupported during and after the time of the molest. The powerlessness of the victim in the unpredictable home situation where no contingency punishment or reward system was employed, resulted in the deviant development of life skills, a passive and submissive orientation to life, and an external locus of control. The MM victim became a casualty of a catastrophic background.

Impact

There were multiple harmful consequences associated with the multiple molest. The child's normal developmental process was altered because of the trauma. The potentially traumatic factor was the intense excitement and anxiety that was aroused which was phase inappropriate. Because the abuse was frightening, forceful, frequent, and of long duration, coping mechanisms were used to survive the trauma. The MM victim had to learn to numb her responses to the pain and repress her feelings. She often developed a psychic place of safety through the splitting of reality and altered consciousness. This repression and denial became a learned pattern which did not extinguish when the victim reached adulthood. MM victims reported more problems with dissociative reactions and inability to experience any feelings than victims of the other molests.

The diminished scores of the MM group on the Family Self subscale emphasized the sense of abandonment experienced by the incest victim. The early deprivation and frustration of basic needs resulted in a generalized mistrust of others which was incorporated into a mistrust of self that manifests as a lack of self-confidence and low self-esteem. Because of the lack of safety and security offered by the incest family, developmental deficits occurred which resulted in the victim entering adulthood ill equipped to form intimate relationships. The family environment, which lacked nurturance and caring, did not prepare her for the role of parent herself. It may be the MM victim who becomes the "incest carrier" to the next generation if no therapeutic intervention occurs.

Current reported problems focused on the aspects of insecurity and fear. The indicators of intrapsychic stress were manifested in flashbacks, fear, and heightened anxiety reported by this subgroup. The more favorable memories of the abusing and rejecting parents indicated that the repression and denial mechanisms may have been operating in their self-report.

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BIOGRAPHICAL SKETCH

Claire Park Walsh was born in Glen Ridge, New Jersey, in 1937 to Marie and Robert Park. She was educated in schools in New Jersey.

Claire returned to school after marriage while raising four daughters. She graduated from Rutgers University, summa cum laude, in 1972.

Claire and her family moved to Gainesville, Florida, in 1972. She received the Specialist in Education degree from the University of Florida in 1975. While working on her degree, Claire served as Coordinator of Women's Programs as an assistant for the University of Florida Office of Student Services.

From 1975-1979, Claire was a staff member of the Mental Health Services, Inc., where she designed and established a day treatment program for impaired elders at risk of institutionalization.

Claire joined the staff of the University of Florida Student Mental Health Services, in 1979. She established the Sexual Assault Recovery Service at the Student Health Service in 1981 in response to a demonstrated need for such services. She founded C.O.A.R., Campus Organized Against Rape, 1982. C.O.A.R. is an educational prevention program designed to raise the awareness of the campus and community with regard to sexual coercion and violence. C.O.A.R. is sponsored by Student Health Services and Student Government.

Claire is a member of various national, state, and local professional organizations. She is currently Director of the Sexual Assault Recovery Service Program and the staff advisor to C.O.A.R.

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

Janet J. Larsen, Chairperson
Professor of Counselor Education

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

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I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

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